The American Journal of
NURSING

VOLUME XXVIII FEBRUARY, 1928 NUMBER 2

Those Lay People

BY ANNE R. WINSLOW

IN April, 1927, there was held at New Haven an Institute for Board Members of Visiting Nurse Associations, and this Institute with the half dozen which have since followed it have set many of us thinking of the function of the layman, the board member, in relation to the work of the whole nursing profession. Is it helpful to public health nursing to stimulate lay people to educate themselves in their capacity of board members? If so, may the same principle apply to lay directors of hospitals and training schools?

These are large questions. In some minds they provoke a vigorous negative response. Who are these lay people, and why should they meddle with matters beyond their comprehension? Many a highly trained nursing educator confronted with her lay board members must be tempted to wish she were the White Queen and cry: "Off with their heads!"

The instructing staff of the training school may plan an ideal curriculum, on paper, with generous study hours, lectures, laboratory facilities for the teaching of the basic sciences. It may arrange uncrowded, even human, division of ward service and study time. It may give the nurse all the services in pedagogic sequence.

The superintendent, let us say, presents such a plan to a board which includes a business man, an industrialist, a politician, a minister, prominent women, etc., through the gamut of social groups. The professional program is laid before this board, with the question, "May we put this into effect in the hospital?" The banker replies, "How much will it cost? If you cut that figure in halves can't you get just the same result? Shave each salary, reduce overhead. Surely some of that is unnecessary, especially the records." The industrialist says: "My operatives work longer hours. It is absurd. Reduce the number of your staff, if necessary, pay for 'overtime' when the nurses work more than the law allows." One of the women quickly estimates that in "her house more than two and one-half beds a day can be efficiently cared for." Then a doctor remarks: "These nurses are getting too much theory. Teach the practical things that will be useful in the home" and so on and so on, *ad infinitum*.

Now let us consider another type of board of lay people, who have been studying the nurses' problems, their curriculum, and their methods of hospital management. This board appreciates the nurses' program and

what a valuable thing it would be to put it into effect; but it also knows how the money is raised, and how much can be counted upon for next year's budget. There is not enough in sight. Some of the program must be sacrificed this year, with perhaps further advance in the future. This lay body knows the essentials of its job and knows enough to trust the professional. With compromise and adjustments, and perhaps special appeals to just the right people in the community, this program though cut is not mutilated. In such a case the nurse realizes that she has not to work against a hostile board but with people who understand, and who are working for the same things that she is working for, people who know where to look for financial support, and who know how to interpret the needs of the hospital in terms which that particular community can understand.

That nurses in hospitals, in training schools, in visiting nurse associations, have often felt a lack of understanding and a lack of coöperation on the part of lay boards or committees is sadly axiomatic. Yet the White Queen's remedy is not a practical one, for after all the community must supply the funds for all such undertakings.

Our whole social system is based on a democratic participation of trained and untrained, of experts and laymen, in the administration of its public and private agencies. While society is, we trust (Dayton and Chicago to the contrary) more and more respecting the education and special training of the expert, it is demanding an enlightened responsibility from its non-technically trained or lay volunteer groups. Old-fashioned philanthropy has given place to "scientific investigation," and to scientific reconstruction. Men and women are every day asked to raise large sums of money for this enterprise and that. The budget for the care of sickness in the United States this last year was $2,000,000,000, or 3½ per cent of the total income of the country.

The awakening social conscience of the last twenty-five years, and the increasingly large responsibilities involved must develop a more intelligent trusteeship. The people who raise the money or who are responsible to the community chests and other givers must answer to the public for the use of vast sums of money. They represent their own community, they know its pulse and its temper, and with this knowledge, if they educate themselves to form intelligent judgments upon professional subjects, if they appoint experts to draw up technical plans, and programs, together with these experts they may develop policies which are both sound and workable—according to the needs and the resources of their different localities.

Why does a community chest finance a nursing association or a hospital? Why does the public contribute to it? Usually because of two compelling reasons: first, the association "delivers the goods," it takes care of the sick; and second, because its board includes men and women who are trusted by the public.

The more representative the membership of the board, the more circles will be reached and the more widespread will be the points of contact of the members of that board with the different groups in society. Any organization enjoys a more secure permanence if it has a considerable number of subscribers, than if it must depend for its support upon a few large donations. The donors may die or lose interest, or demand too large a share in forming policies. A board that is representative, not only has the advantage of a wide base of support,

but it possesses the interest and good will of thousands of individuals. Every organization to be successful must have its roots secure in the ground of financial support, but it must also have the warmth of a community sympathy and understanding that will foster its growth and development.

It is important to have a board that is just large enough and not too large—and its size should be dependent upon the real contribution of each individual to the association, measured in terms of service within, or of service without, in establishing points of contact with strategically important factors in the community.

Not long ago one of the largest social welfare organizations in the country was to revise its administrative plan. It appointed a large committee representing the various professions and groups in the community. Recommendations were presented to the committee as a result of careful study, by a smaller committee—recommendations as nearly adequate and perfect as the small group could make them. When each recommendation was presented to the large committee, it received consideration from many viewpoints—financial, legal and social. It was tossed about like a ball from one person to another; when the committee had finished with it, the program came out hammered from many angles, changed but sound—far sounder because of the group thinking than it would ever have been if left to the necessarily more limited range of view of two or three individuals.

The relation of the board and committees to the nurse are perhaps most intimate in the public health field, particularly in the eastern part of the United States, where public health nursing or visiting nursing is so generally financed and supported by lay boards. This is probably why the education of the board member was begun in this field. Public health nursing has its purely professional technic (a field in which the layman has no place), but this technic must be integrated into the life of the community. Social contacts and responsibilities involve a whole group of relationships in which the professional nurse and the lay board member work interdependently. The board member can aid or she can hinder the work to an almost unlimited degree.

The boards of public health nursing associations are just awakening to a sense of their responsibilities as trustees, and of this awakening the New Haven Institute for Board Members was a sign and a portent. At this Institute, leaders in public health, medicine, nursing, social work, community financing, etc., discussed those problems which are the peculiar concern of board members of associations rendering public health nursing service. The range of subjects covered included: Finances, Community Chests, Budgets, etc., Relationship of the Medical Profession to Public Health Nursing, Public Health Nursing in Relation to Social Agencies, Public Health Education and Publicity, Organization of the Board and Its Relation to the Professional Staff, The Function of a Board Member, and lastly Suggestions for Education of Board Members. The results of this Institute are shown on every hand by increased interest on the part of board members, a more intelligent appreciation of the problems of public health nursing, and a growing effort to educate themselves to meet their responsibilities.

Would not other groups of nurses besides this one public health group find that they would add wings unto

their flight towards their goals of desire if they were to urge their own boards and committee members to attend nursing meetings and conventions; and if these board members were to make a definite analysis of their own responsibilities, and then educate themselves to meet them? Might not the conventions of state and national nursing bodies make provision in their programs for their volunteer co-workers?

Lay boards must be careful to limit themselves to the non-technical fields. A little knowledge is a dangerous thing, but the cure for that danger is more knowledge. There is an area in which both the board member and the nurse, be she public health nurse or superintendent of a hospital or teacher in a training school, meet together and in which they can be of untold help to each other in their glorious common service.

Walking Exercises

By Margaret McGregor, R.N.

Leona Learns To Walk

THIS little girl is taking walking exercises in our physiotherapy room. The photograph gives a good view of the steps the child is expected to take, back and forth, down the room. Any child who has difficulty in placing her feet correctly is given such exercises until she is able to walk with freedom in the physiotherapy room before walking is recommended for her either in the corridor or the wards of the Gillette Children's Hospital.

"LET the person who declines to wear goggles in an industrial plant consider this one fact: 40,000 glass eyes are imported by the United States each year; they are works of art and sometimes hard to distinguish from the real thing; they are good to look at, but impossible to look through. You cannot see a thing with a glass eye."

The Romance of Medical Research[1]

By Konrad E. Birkhaug, M.D.

"To look on the happy side of nature is common, in their hours, to all created things," says Robert Louis Stevenson in "Pan's Pipes." "Some are vocal under a good influence, are pleasing whenever they are pleased, and hand on their happiness to others, as a child who, looking upon lovely things, looks lovely. Some leap to the strains with unapt foot, and make a halting figure in the universal dance. And some, like sour spectators at the play, receive the music into their hearts with an unmoved countenance, and walk like strangers through the general rejoicing. But let him feign never so carefully, there is not a man but has his pulses shaken when Pan trolls out a stave of ecstasy and sets the world a-singing."

PAN, you will remember, was the god of shepherds, huntsmen, and of all the inhabitants of the country. Literature abounds with his many adventures in Arcadia. Even today he is known to lurk in the shady groves in every land, enticing youthful lovers with sensuous music flowing from the flute he invented with seven reeds. Under the spell of Pan's music the weary youth forgets the hardships of life, and the commonplace, as if by magic, turns into a thrilling romance of enduring happiness. But, alas, we have somehow grown deaf to the magic in Pan's music during the noisy, maddening rush of our busy American professional life. It is a rare occasion for the average professional man or woman seriously to tackle a difficult problem long enough to unravel its hidden mystery and quietly discover the romance that lurks in personal research. Yet, "all wish to know," says Juvenal, "but few the price will pay."

Nature is always true to herself, never changes, never lies to herself, and is ever kind to those who invite kindness and who are willing to pay the price for the privilege of pressing onwards in the search for truth. In the "Good Book" we are told that "there was never an age without a prophet in Israel" through whom the Eternal One made His will known to His people. Since the dawn of man, it must likewise be said that there was scarcely an age, even in the darkest days of ignorance, that man was bereft of iconoclasts, breakers of images, radicals attacking unfounded and yet cherished beliefs, restless individuals whose greatest pleasure was to discover new truths and new theories of nature, self-controlled persons longing for power to discern and report truly the laws of the universe, and physicians possessed with the ever-moving impulse towards that which is true in natural laws and the application of these laws to the inexorable laws of health. Although knowledge has increased tremendously and we think that we are initiated into most of the secrets of nature, yet we are only "creeping on from point to point," realizing the nobility of meaning hidden in J. R. Lowell's poetic lines:

> New occasions teach new duties;
> Time makes ancient good uncouth;
> They must upward still and onward
> Who would keep abreast of truth.

In addressing you on the allotted subject "The Romance of Medical Research" allow me first of all to express my warm appreciation for the kind and friendly thought which prompted the Program Committee to invite me to speak on the subject of my own personal investigations on the cause, cure, and prevention of erysipelas. It would be folly not "to

[1] An address to the New York State Organizations of Nurses at their twenty-sixth annual meeting, Rochester, N. Y., October 27, 1927.

build altars and offer sacrifices where the first springs rose or the first rivers flowed" of medical knowledge. Though some of the very names are forgotten, their works live and even today are keystones in the eternal structure of science. How trivial are the so-called romances in modern medical research when contrasted with the throbbing and compassionate romances of the laborers who saw no fruit of their struggles in their day, who were persecuted as heretics, corruptors of youth and messengers of the Evil One! In contrasting the scientific latitude and independence in our time with the sacerdotal obsessions during the dark middle ages, one recalls with horror the words forced from Galileo by the Inquisition:

> Perish all physical science rather than One article of the Faith be lost.

Leaving aside the unfortunate romances in ancient medicine, I shall endeavor to briefly delineate some of the more modern romances of medical research. If anyone should take offense at the few closing remarks in which I briefly sketch my own contributions to our knowledge of erysipelas, I trust sincerely that the god, under whose aegis I accepted this assignment, will administer a soothing potion to such individuals.

The origin of scientific research began with the origin of man. No story in the realm of the fictitious depicts more concisely the outlook and endeavor of men engaged in scientific pursuits than that delightful story of "The Hunter" written by Olive Schreiner. The authoress tells us that in certain valleys there was a hunter. Day by day he went forth to hunt for wild fowl in the woods; and it chanced that once he stood on the shores of a lake. While he stood waiting in the rushes for the coming of the birds, a great shadow fell on him, and in the water he saw a reflection. He looked up to the sky; but the thing was gone. Then a burning desire came over him to see once again that reflection in the water, and all day he watched and waited; but night came and it had not returned. Then he went home with his empty bag, moody and silent. His comrades came questioning about him to know the reason, but be answered them nothing; he sat alone and brooded. Then his friend came to him, and to him he spoke.

"I have seen today," he said, "that which I never saw before—a vast white bird, with silver wings outstretched, sailing in the everlasting blue, and now it is as though a great fire burnt within my breast. It was but a sheen, a shimmer, a reflection in the water; but now I desire nothing more on earth than to hold her."

His friend laughed.

"It was but a beam playing on the water, or the shadow of your own head. Tomorrow you will forget her," he said.

But tomorrow, and tomorrow, and tomorrow the hunter walked alone. He sought in the woods and in the forest, by the lakes and among the rushes, but he could not find her. He shot no more wild fowl; what were they to him? In the heart of the dense woodland he encountered an old man, Wisdom, who told him that the bird's name is Truth and that he who has once seen her never rests again. Till death he desires her. In desperation the hunter took from his breast the shuttle of Imagination, and wound on it the thread of his wishes, and all night he sat and wove a net. In the morning he spread the golden net and into this strayed lovely birds, but alas, among these Truth was not to be found. Again Wisdom came and

advised the hunter that the lovely and beautiful birds he had caught were of the brood of lies, and that Truth knows them not. He who sets out to search for Truth must leave these valleys of superstition forever, taking with him not one shred that has belonged to them. He must climb the mountains of stern reality, for beyond them lies Truth.

"And he will hold her fast! He will hold her in his hands!" the hunter cried. Wisdom shook his head.

"He will never see her, never hold her. The time is not yet."

"Then there is no hope?" cried the hunter.

"There is this," said Wisdom. "Some men have climbed on those mountains; circle above circle of bare rock they have scaled; and, wandering there, in those high regions, some have chanced to pick up on the ground, one white, silver feather dropped from the wing of Truth. And it shall come to pass that when enough of those silver feathers shall have been gathered by the hands of men, and shall have been woven into a cord, and the cord into a net, that in that net Truth may be captured. *Nothing but Truth can hold Truth.*"

At last we find the hunter in those high regions of rarified air hard to breathe by those born in the valleys; every breath he drew hurt him, and the blood oozed out from the tips of his fingers. He had at last reached an impassable wall of rock, the sound of his tool rang night and day upon the iron rocks into which he cut steps. Years passed over him, yet he worked on; but the wall towered up always above him to heaven.

"I have sought," he said, "for long years I have labored; but I have not found her. I have not rested, I have not repined, and I have not seen her; now my strength is gone. Where I lie down worn out, other men will stand, young and fresh. By the steps that I have cut they will climb; by the stairs that I have built, they will mount. They will never know the name of the man who made them. At the clumsy work they will laugh; when the stones roll they will curse me. But they will mount, and on my work; they will climb, and by my stairs! They will find her, and through me! And no man liveth to himself, and no man dieth to himself."

The tears rolled from beneath the shrivelled eyelids. If Truth had appeared above him in the clouds now he could not have seen her, the mist of death was in his eyes.

"My soul hears their glad step coming," he said, "and they shall mount!" He raised his shrivelled hand to his eyes.

Then slowly from the white sky above, through the still air, came something falling, falling, falling. Softly it fluttered down, and dropped on to the breast of the dying man. He felt it with his hands. It was a feather. He died holding it.

From earliest antiquity when man put his trust in talismans, amulets, exorcisms, spoken charms and the evil eye, until late in the nineteenth century, little or nothing was known about the relationship of bacteria to disease. A new era in the history of medicine was ushered in through the marvellous studies of Louis Pasteur. His early chemical studies gradually led him to elucidate the phenomenon of fermentation. His discovery of the relationship of bacteria to fermentation proved a boon to the imperilled wine industry of his country. In similar manner the genius of Pasteur came to the rescue of the silkworm industry which was threatened by serious infection among the silkworms. His further researches in diseases of

bacterial origin definitely established the fact that bacteria directly produce disease in both animal and man. Pasteur in a broad sense remains a model of excellence of that eternal host of scientific men imbued with the most sanguine yearning to discover methods and means with which to combat human suffering. The invaluable contributions of Pasteur to medical science, when coupled with the immeasurably beneficial works of Jenner with smallpox vaccination and Lister with aseptic methods in surgery marked such a revolutionizing turn in man's control of forces devastating health that somebody once wrote:

> Jenner, Pasteur and Lister form a triumvirate that has given the human race reason to rise up and call it blessed!

The history of bacteriology reads like a romance in which a few outstanding characters hold your attention. The presence of bacteria must have existed prior to the ascent of man, since fossils bear unmistakable evidence of disease processes now known to be caused by bacteria. The poets in the earliest antiquity sang about tiny animals in the air and in the water, which caused disease in animal and man when taken into the body through the nostrils or the mouth. Although literature repeatedly relates of colonization of lepers, of plague-infested countrysides, and heart-rending epidemics of malaria, yellow fever, and influenza, yet the presence of bacteria in disease was not suspected until a few centuries ago. The first authentic description of bacteria was made by a Jesuit, named Kircher, who in 1659 demonstrated "minute living worms in putrid meat, milk, vinegar, and cheese." It remained for a Dutch linen-draper, by the name of Anthony van Leeuwenhoek, in 1675, to give serious thought to what he described as "small animals." Although a linen-draper by trade, Leeuwenhoek was a man of leisure, in which he learned to grind lenses for a pastime. He produced the first microscope through which he discovered myriads of small living objects in putrid water, milk, urine, and numerous other media. The correspondence of Leeuwenhoek with the Royal Society of England about his discoveries are spangled with absurdly simple, yet gloriously accurate descriptions and illustrations of bacterial forms well known to us today. To his neighbors he muttered:

> Come here! Hurry! There are little animals in this rain water. . . . They swim! They play around! They are a thousand times smaller than any creatures we can see with our eyes alone. . . . Look! See what I have discovered!

But, alas, Leeuwenhoek failed to connect these tiny "animalculae" or minute animals, with disease.

The disease "germ theory" was first proposed by a Viennese physician named Plenciz, who almost approached the truth, not only of the specific bacterial cause of various diseases, the multiplication of bacteria within the body and the possibility of transmitting the disease to other persons by placing the bacteria of diseased persons into the wounds produced experimentally in healthy individuals, but he also suggested a specific therapy in these various diseases.

During this period a passionate academic discussion was waged in various learned centers about the origin of these tiny animals described by Kircher and Leeuwenhoek. Although the arguments were pretentiously academic, they do not fail to elicit amusement to present-day readers. The popular belief was that bacteria were generated spontaneously

according to the old recipe of obtaining a good swarm of bees inexpensively, namely by burying a dead bullock under the ground and leaving the horns above the ground; after a month if the horns were sawed off, the desired swarm of bees would fly out. Suddenly the argument shifted and heated polemics took place about the possibility of bacteria having parents. The glorious experimentations of Abbé Spallanzani put an end to the petulant wranglings about spontaneous generation of bacteria and multiplication by intermarriage of male and female bacterial forms. He demonstrated conclusively that bacteria multiply by splitting in the middle and that in the course of a few hours millions of living bacteria developed from a single bacterial cell placed in beef broth in sterilely sealed bottles.

It must be known to you that the science of modern bacteriology was born less than sixty years ago and that it was the study of fermentation by Louis Pasteur which definitely linked bacteria with disease of animal and man. The discovery that bacteria produced putrefaction exerted an incalculable influence upon medical thought and research of that day, and in the wake of Pasteur's discoveries the work of Lister on aseptic surgery and prophylaxis of surgical wounds was conceived, which made modern surgery possible. The salient contributions to medical science of Louis Pasteur must be well known to you. Few men in the realm of science have been so gloriously endowed with the spark of genius as was Pasteur and the world paid homage to his illustrious work commensurate with the honors bestowed on victorious military leaders. That his life was filled with romances and dramatic incidents during the many difficult scientific adventures that filled his life, no one can gainsay. What to me seems the most dramatic incident in the history of medical science took place on June 2, 1881, at the farmyard of Pouilly le Fort, when Pasteur concluded his experiment of vaccination of sheep against anthrax by means of slightly heated anthrax bacilli. Twenty-five sheep had been vaccinated thoroughly, and twenty-five sheep underwent no treatment at all. A few days later all these sheep were inoculated with very virulent cultures of the anthrax bacillus. In his notebook Pasteur wrote down:

> The twenty-five unvaccinated sheep will all perish, and the twenty-five vaccinated sheep will survive.

The incident is briefly and dramatically sketched by R. Vallery-Radot as follows:

> When Pasteur arrived at two o'clock in the afternoon, at the farmyard of Pouilly le Fort, accompanied by his young collaborators, a murmur of applause arose, which soon became loud acclamation, bursting from all lips. Delegates from the Agricultural Society of Melun, from medical societies, veterinary societies, from the Central Council of Hygiene of Seine et Marne, journalists, small farmers, who had been divided in their minds by laudatory or injurious newspaper articles—all were there. The carcasses of twenty-two unvaccinated sheep were lying side by side; two others were breathing their last; the last survivors of the sacrificed lot showed all the characteristic symptoms of splenic fever (anthrax). All the vaccinated sheep were in perfect health. . . . The one remaining unvaccinated sheep died that same night.

One is prone to forget the hardships that violently attacked one's aspirations in early life. Doubtless, initial handicaps have shipwrecked many promising creative minds, while on the other hand opposition has sharpened mediocre characters to the extent that the weaker rival proved to be the stronger leader. Such was the case of Pasteur, who early in life wrote this

tender little note to his friend M. Duclaux:

> My head is full of splendid projects; the war sent my brains to grass, but now I feel ready for further work. Perhaps I am deluding myself; anyhow, I will try. . . . Oh! why am I not rich, a millionaire? I would say to you, to Raulin, to Gernez, to Van Tieghem, etc., come, we will transform the world by our discoveries. Unhappy France, beloved country, if I could only assist in raising thee from thy disasters!

Happily, Pasteur lived to see his fondest dreams come true. It would be folly not to concede to the memory of Louis Pasteur the first place among the many thrilling romances in medical research.

In the midst of the exciting discoveries of Pasteur, a brilliant scientist in Germany, named Robert Koch, vied with Pasteur in unravelling the mysteries surrounding the rôle of bacteria in their relation to disease. During a busy practice of medicine, this young physician was continuously bothering his mind about the causes of dreadful diseases with which neither he nor his colleagues could cope. And in his search for the truth, like the hunter in Olive Schreiner's story, he made new steps in the mountain of science and introduced the marvellous methods which made bacteriology a veritable science. He not only introduced the solid nutritive media for the growth of bacteria outside the human or animal body, but he also isolated bacteria in pure culture, stained them with aniline dyes, by means of which delicate morphological structures were revealed that heretofore had been unnoticed. With the innovations developed by Koch a new era was ushered in, unusually fruitful in the history of medicine. It is hard to believe that it is only forty-seven years ago, namely in 1880, in the era of Koch that the typhoid bacillus, the fowl-cholera bacillus, and the pneumococcus were discovered! Perhaps the most glorious discovery associated with the name of Robert Koch was the announcement on the twenty-fourth of March in 1882 in the Physiological Society in Berlin, that the assassin causing the "White Death"—tuberculosis—the most savage and deadly of all microbes, had been isolated. Paul de Kruif describes this incident in his valuable book "Microbe Hunters" with a dramatic sweep that merits retelling—

> With admirable modesty Robert Koch told these men the plain story of the way he had searched out the invisible assassin of one human being out of every seven that died. . . . At last Koch sat down, to wait for the discussion, the inevitable arguments and objections that greet the finish of revolutionary papers. But no man rose to his feet, no word was spoken, and finally eyes began to turn toward Virchow (the greatest living pathologist in his day), the oracle, the Tsar of German science, the thunderer whose mere frown had ruined great theories of disease. . . . All eyes looked at him, but Virchow got up, put on his hat, and left the room—he had no word to say.
>
> If old Leeuwenhoek, two hundred years before, had made so astounding a discovery, Europe of the Seventeenth Century would have heard the news in months. But in 1882 the news that Robert Koch had found the microbe of tuberculosis trickled out of the little room of the Physiological Society the same evening, sang to Kamchatka and to San Francisco on the cable wires that night, and exploded on the front pages of the newspapers in the morning. Then the world went wild over Koch, doctors boarded ships and hopped trains to Berlin to learn of him the secret of hunting microbes; vast crowds of them rushed to Berlin to sit at Koch's feet to learn how to make beef-broth jelly and how to stick syringes full of germs into the wiggling carcasses of guinea pigs.
>
> Pasteur's deeds had set France by the ears, but Koch's experiments with the dangerous tubercle bacilli rocked the earth and Koch waved worshippers away, saying: "This discovery of mine is not such a great advance."

The following year Koch went to India and Egypt as the head of a commission established by the German

government to investigate Asiatic cholera. During a hazardous study, Koch isolated the comma bacillus in the defecations of every patient studied that died with the disease. His studies proved convincingly that cholera never arises spontaneously and that no healthy person can ever contract cholera unless he swallows the comma bacillus, which is usually found in highly polluted water such as that of the sacred river Ganges of India. Thanks to this discovery, epidemics of cholera have disappeared from Europe and America by filtration of drinking water, combined with other sanitary regulations. Whenever the light of civilization is allowed to penetrate into the pestilence-ridden heart of India, this disease promises to be completely exterminated from the face of the earth.

Until his death, Robert Koch remained the humble hunter of microbes who in the presence of almost royal adulation showered on him from the four corners of the earth, made this simple statement:

> I have worked as hard as I could. If my success has been greater than that of most people, the reason is that I came in my wanderings through the medical field upon regions where the gold was still lying by the wayside, and that is no great merit.

(To be continued)

Teaching Pediatrics[1]

I

Affiliation with a Special Hospital

By Lillie A. M. Bennett, R.N.

GRADUALLY as physicians and laymen came to appreciate the necessity of the conservation of child life, hospitals for the care of children, only, began to be established. In 1802 the Hospital for Sick Children was organized in Paris. In Vienna, Berlin, London, Moscow, this work with children quickly spread as a particular field of medicine. In 1860 Dr. Abraham Jacobi established clinics for children in the New York Medical School and out of his interest in training the child nurse, grew the establishment of the Babies' Hospital of New York. The Infants' Hospital in Boston was established because Dr. Morgan Roach, the first professor of pediatrics at the Harvard Medical School, believed that the diseases of children differed widely from those of adults. As a result of this widespread movement for the preservation of child life, hospitals for children have been organized in the larger cities all over this continent.

The organization of schools of nursing followed the establishment of the hospitals and the history of the development of the schools of nursing in children's hospitals is included in the general development of nursing education. With the growth of this branch of social medicine, special courses in pediatric nursing were incorporated in the Standard Curriculum and a definite block of experience in pediatrics has been made compulsory for all student nurses by state nursing laws.

[1] Read at a meeting of the Children's Hospital Association of America, Minneapolis, October, 1927.

Since children's departments are not planned in many hospitals, it therefore becomes necessary for these schools to send the students to schools of nursing giving pediatric training. There are three types of hospitals where this training can be given; the large general hospital with pediatric departments, the children's hospital where there is a school of nursing for three-year students, the children's hospital where the school of nursing is only for affiliate students.

There are six points to be considered in this pediatric nursing problem.

First. What is the best laboratory for the teaching of pediatrics? Miss Nightingale admonished her nurses to nurse the sick—not the sickness. In order to successfully nurse a sick child, a nurse must have much experience with them, understand the psychology of a child's mind and be familiar with the special diseases of children and how they act when they are sick. All this I choose to call pediatric sense—to know what to expect of a sick child. In a hospital where all efforts are concentrated on the care of sick children, this pediatric sense can be better developed than in the pediatric ward of a general hospital where the children's division is only a part of the whole. A hospital for children would therefore seem to be the best place to educate the student nurse for this specialty in the nursing field.

In the children's hospital conducting a three-year school, the students are trained to be specialists in pediatrics. It is from these schools we should get the executives for the pediatric departments of general hospitals and for the children's hospitals conducting affiliate schools. If affiliate students are received in this type of children's hospital, they are able to absorb a great deal of the pediatric sense, because of the established traditions and the contact with the students who have the longer children's training of the three-year course. But possibly the school for affiliate students, only, is the best place to give this required four-months' course because the time is short and better work can be done when there is a concentration of effort on the one group of students.

Second. The length of the course is an important consideration. Five months' experience can be given without curtailing the time to be spent in the other branches necessary for completing the three-year general training, but the course should at least cover four months, so that a sufficient time can be spent in the various divisions of the children's hospital. This course should be given at the end of the second year of training—after the foundation of medicine, surgery, operating room, and obstetrics has been finished.

Third. In order to conduct successfully an affiliate school, a specified number of students should be received every two months by contract with the schools which wish to affiliate. By this agreement, also, half the students will always have been in the school two months, thus ensuring the most efficient nursing service.

Whereas the actual nursing performance the student accomplishes in the day's routine is of the most value in her experience, and she should be taught that in doing she is learning, the amount of work the affiliate student should do cannot be measured by the same standards as in the adult divisions of a general hospital for the obvious reason that the work and environment are new and the length of time in which to study this new work is short. A larger number of students should be received and provision made for a greater amount of supervision and assistance from graduate staff.

The objects of the course in Pediatric Nursing are stated as follows in the Standard Curriculum:

1. To help nurses to understand something of the physical and mental development of normal children, and acquire a knowledge of child psychology and the essential principles of child hygiene and management, so that they can intelligently care for normal children and teach others to care for them properly.
2. To teach them the principles involved in the care of sick or well children, the nursing procedures peculiar to the care of children, the usual manifestations of disease and the means of prevention of disease.
3. To make the nurse realize the importance of maternal feeding, to make her skillful and exact in milk modifications and diet regulation of both sick and well children, and to emphasize the importance of proper feeding as a therapeutic measure in the diseases of infancy.
4. To give a sound basis for later work in connection with public health and child welfare.
5. To give nurses some appreciation of the causes and social aspects of infant mortality and thus secure their interest and coöperation in the conservation of child life.

This brings us to the fourth point—What to teach? In pediatrics, fourteen hour-lectures including skin and communicable diseases, and six hour-lectures on orthopedic conditions of children, are the least number of lectures that can be given to adequately cover the subjects. Two or more extra hours devoted to special subjects such as epilepsy, study of stools, should complement these courses. Outlines of the lectures should be given the student after the course, before the examination. This is done so that the student has the experience of writing the lectures but has the fuller outline to study from, and it makes for uniformity of lectures throughout the year.

Four lectures on child psychology, and experience in habit clinic in the out-patient department, assisting the psychiatrist, should be part of the course.

Dietetics in a children's hospital cannot receive too much emphasis. We marvel at the change proper food effects in a child. Four lectures on the study of diet for children should be given by the instructor, and at least one week's experience in the milk laboratory for the calculation and preparation of formulae under the supervision of the milk laboratory technician.

The nursing technic of communicable disease should be taught early in the course by the isolation department supervisor, as the aseptic technic used in the isolation department should be carried out in all parts of the hospital, even though the child is not on special bedside isolation, thus limiting the possibility of transmitting communicable disease as yet unrecognized because of the absence of objective symptoms.

Sixty hours of theory and eighty hours of clinical teaching in the hospital should be given during the four months.

The fifth point is how to teach affiliate students. After the doctor lectures, the instructor should review the lecture in the classroom, give the theory of the procedure suggested by the subject of the lecture. Then during the interval between lectures, groups of students should be scheduled for demonstration of these procedures on the divisions, and demonstration cards, listing the procedures, should be used to record the practical experience of the students.

The student should have some experience in the out-patient department. Following up the children from the hospital to the home and the out-patient department and often back again to the hospital is invaluable experience, and in order that she gain this invaluable experience, two weeks at least should be given, and one month if elected.

There should be extra-curricular activities, such as a visit to a dairy to observe the preparation of milk for market, a day or two, if possible, at a nursery school, visits to the Juvenile Court to get some idea of the relation between crime and ill health.

During the course the student should have the choice of a subject relating to pediatrics for a term paper. It should be of such a nature as to involve considerable research. Case study records should be kept for every patient cared for and as each student should have a definite time in each division, she is able from these studies to organize in her own mind types of pediatric conditions and their symptoms, treatment and outcome of the diseases. Bedside clinics twice a week, conducted by the resident or attending physician, help greatly in the case studies. Case studies in the out-patient department, relating to the social history, and a short thesis on the impressions gained by this experience should also be required. These are brought to the instructor each month for a conference with the student. Copies of case experiences, with the record of the students' experience and proficiency in the course, should be sent to the affiliating school. Students should be encouraged to have conferences with the director of nursing on the efficiency reports sent in after her service on each division, to point out weakness and to encourage where effort is made. It helps the student to criticise her own work and creates a desire for greater efficiency on her part.

Under this heading "how to teach pediatrics," the appointing of nursing staff and faculty is of much importance. The staff must be interested in pediatrics and must have had special preparation for the work. The faculty needs to have had broad experience in nursing as well as special work in pediatrics. If the staff have had affiliations themselves, they will be better able to appreciate the position of the affiliate student, teaching them with a more sympathetic attitude. Conferences with the faculty of the affiliating schools and the adoption of a standard method of teaching the fundamental nursing procedures in these schools is of invaluable assistance to the affiliate student in more quickly adjusting herself to the new surroundings and makes for a more cordial understanding between the two bodies, the affiliating and the affiliate schools.

More and more interest is being shown in the social life and material comforts of the student nurse off duty. This interest should be particularly active for the affiliate student. She is often sent alone for her affiliation. The friends in the home school seem very far away. She feels she belongs in the home school while the affiliate school is only a temporary home while this necessary experience is being obtained. Until she becomes oriented she is homesick and restless which detracts from her efficiency, making it harder for her to adjust herself to the environment of the new hospital. Much can be done to offset these handicaps by providing an attractive home life. The residence should be presided over by a capable house mother who is interested in each girl, and who plans for the social life of the residents. Some recreational facilities that appeal to a young woman are an essential provision. Bowling, basket-ball, tennis, swimming and dancing—and ways to participate in some of these sports—should be provided. It keeps students fit.

In conclusion, the outstanding features which make for a complete and worth-while course in teaching pediatrics to affiliate students are:

A children's hospital.
Four months' course.
An agreement with the schools to ensure a large and regular enrollment.
Expert supervision.
Methods of teaching: Lectures and ward clinics, case records, term paper, extra-curricular activities.
Staff with broad experience.
Conferences with faculties of affiliating schools.
Social advantages which are especially necessary.

The ideal as described by Bertrand Russell in his Experiments in Education should be the ideal for teaching pediatrics to affiliate students:

> A careful avoidance of excessive instruction, such as calculated to produce nausea; the teacher should provide an environment such as will stimulate intellectual curiosity, and provide means by which the pupil can satisfy it for himself, but should not appear unduly anxious for the pupil to learn, or overwilling to impart information. In fact, information, like chocolates, should be given sparingly, after urgent demands.

II

Affiliation with a Visiting Nurse Association

By Elizabeth Stringer, R.N.

"IF the mountain will not come to Mahomet, Mahomet will go to the mountain." So with the student nurse and the study of pediatric nursing. Modern medicine and applied biology have so changed the blush of pediatrics as to render the entire trend of pediatric treatment and nursing a totally different procedure from what it once was.

The emphasis once placed on cure has been changed to prevention. Infant feeding, once an elaborate maze of formulae, intelligible only to nurses and doctors, has been simplified so that mothers, fathers and aunts can more easily prepare the baby's food. Bedside care has been shifted back to the home, except for serious surgical and medical conditions. More and more, sick babies are being cared for in the homes by mothers taught and assisted by the visiting nurses and well babies brought to baby health stations and well-baby clinics.

These changes have brought about the need for giving the student nurse training and practice in pediatric nursing through some other medium than the hospital. The logical place has been the visiting nurse association.

The Brooklyn Visiting Nurse Association, at the instance of the State Board of Nurse Examiners of New York and several of the hospitals, has undertaken the task of providing training and practice in pediatric nursing to a limited number of student nurses. The students are in their senior year and have completed the basic theory and practical work in medical, surgical and obstetrical nursing and nutrition. They have, as a rule, completed the regular lectures in pediatrics and have had some experience in the bed care of sick children. The course covers six weeks, with sixty hours of field and observation, and thirty-eight hours of theory. The time is divided between preventive and curative work. The social, economic and educational phases of each aspect are stressed.

A special supervisor who is a trained instructor as well as a public health nurse has charge of the work. She directs the students during their entire stay with the Association. She

plans their work, selects material for study and demonstration and conducts the excursions and observation visits.

The work of the students is so arranged as to give them an opportunity to observe the work of others by field observation, demonstration and excursions to clinics and to apply their observations and theory to the specific situations in the homes.

The demonstrations for the students are given as follows:

I. Demonstrations (group)
   1. Bag
   2. Baby's bath
   3. Formula preparation
   4. Foods other than milk—fruit juices, cereals, etc.

II. Demonstrations (individual)
   1. Treatment and nursing care of sick children in the home.
   2. Contagious disease—preventive aspects.
   3. Formula-making in the home.
   4. Prenatal care in the home.

One opportunity which the Association considers rather exceptional is provided by the orthopedic supervisor who lectures on the care and management of acute poliomyelitis and demonstrates muscle training and massage. These demonstrations are given, not with the purpose of training for practice, but in order that the student may gain some insight into the treatment of the child crippled by poliomyelitis.

Clinics have been most generous in opening their doors to the student nurses. Individual physicians have given of their time and interest to make the work of the clinic more intelligible to the students. The following clinics have been visited and the work studied:

	Hours
Brooklyn Hospital Nutrition Clinic	1 to 2
Brooklyn Hospital Well-baby Clinic	3
Long Island College Hospital Congenital Syphilis Clinic	2
Mt. Sinai Hospital Behavior Clinic (Dr. Wile)	2
Brooklyn Bureau of Charities Dispensary physical examination of children	1 to 3
Board of Health Tuberculosis Clinic for Children	3
Board of Health Syphilis Clinic for Children	3
Board of Health Baby Welfare Station	3

A brief summary of the outline of the entire course may be of interest and is therefore inserted as follows:

I. Technic of the bag and approach to and relations with the family. (Class work and demonstration in the field.)
II. Prenatal care and its effect on the child. (Class work and demonstration in field and clinic.)
III. Review of hygiene for nursing mother.
IV. Review of feeding and care of premature and feeble infants.
V. Preschool care and its effect on the child. (Class work and clinic demonstrations and field demonstrations.)
   A. Physical development
      1. Review of care of newborn
      2. Normal child from birth to school age
         (a) Infant
         (b) Child
   B. Feeding the normal child
      1. The first year
      2. One to five years
      3. Milk as a food
VI. Nursing the sick child in the home. (Lectures and demonstrations in the home.)
   A. Preventable diseases
   B. Acute illness in the home (Field work)
VII. Mental development of children
   A. Stages
   B. Habit formation
   C. Self-control
VIII. Behavior habits
   A. Management of the nervous child
   B. Child training (obedience, truthfulness, and possession, discipline, etc.)
IX. Educational influence of play and story-telling.

A final report of each student is sent to the home school and to the Board of Nurses Examiners, at Albany. This includes a report on the number of cases observed at child health clinics and diagnostic treatment clinics, a report of class work, lectures by the Director, conferences and demonstrations, excursions and reference reading and, finally, a brief efficiency record. This record includes a statement of the student's reliability, executive ability, efficiency in practical work, observation of home conditions, professional attitude and aptitude for the service.

The work has been in progress since January, 1926. While it has from time to time been modified, the procedure on the whole has been satisfactory and has apparently met the need.

There are two distinct disadvantages, one from the point of view of the student and the other from that of the staff. On the whole, the students do not receive the benefit of working with up-to-date pediatricians and therefore cannot keep abreast of the times in the newest and best treatments. The work of the students on the other hand often deprives the staff nurse of the most interesting and appealing phases of the work. For the most part, however, the nurses have grasped the significance of the student work and have loyally cooperated in the project.

The entire expense of the work has been carried by the Visiting Nurse Association as its contribution to nursing education. To carry out the letter as well as the spirit of our contribution, we have held fast to our purpose to give special training in pediatric nursing and not to utilize any of the nurses' time for general field work.

"THE nursing service of any institution bears a definite relation to the end results obtained in treatment. We are now in that phase of hospital development which may be properly characterized as the 'end result period.' We must focus our attention more on the end results obtained in each case treated. A sound, practical, intensive nursing service in a hospital will invariably produce better results in diagnosis and treatment. In recent investigations of hospital results, the nursing service stood out preëminently as a contributing factor to the better results obtained in some institutions as compared with others. A study of the relation of good nursing to the results obtained, will convince all that it is worth while to have a thoroughly efficient nursing service available for every patient treated in the hospital."—American College of Surgeons, Hospital Standardization Report for the Year 1927.

St. Barnabas' Hospital, Osaka[1]

An Instructor Needed in Public Health Nursing

By Anna S. Van Kirk, R.N.

NOT long ago, through these columns, you read an appeal for St. Luke's International Hospital in Tokyo. Now a sister hospital and an affiliated school, St. Barnabas' in Osaka, is sounding a similar Macedonian call. Surely there are enough and to spare in America to

St. Barnabas' Hospital and School

answer both these calls; enough women who have seen a vision of what can and should be done to elevate the standard of the profession in Japan.

St. Barnabas', a beautiful, new, up-to-date, reinforced concrete structure, is situated not far from the center of Osaka, the big industrial city of Japan. There are no other hospitals in the city under foreign supervision. This one is small, having only seventy-five beds, but the object is to make it a demonstration institution and to help St. Luke's turn out nurses trained according to American standards. St. Barnabas' is a special maternity and children's hospital, and our contribution to the nurses' training would be along those lines, the nurses from St. Luke's affiliating with St. Barnabas' during the latter part of their training.

The special need now is for a competent instructor to teach the subjects in this specialized hospital, preferably one who has had some experience in public health work, so that she could help organize and supervise the public health work done through the hospital. For this latter work, there is absolutely no limit to the possibilities. In this city of nearly three million people, where infant mortality in the congested districts is one death in three (32 per cent), the opportunities for a specialized hospital of this character are almost unlimited. The people are eager to learn, and just at present there is increasing interest in public health work through the whole Empire of Japan.

[1] St. Barnabas' Hospital is an Episcopal Mission institution. For further information address Dr. John W. Wood, Church Missions House, 281 Fourth Avenue, New York City.

"WHETHER it concerns the cook, musician, carpenter, citizen, or statesman, the intelligent or artistic habit is the desirable thing, and the routine the undesirable thing; or, at least, desirable and undesirable from every point of view except one. Those who wish a monopoly of social power find desirable the separation of habit and thought, action and soul, so characteristic of history. For the dualism enables them to do the thinking and planning, while the others remain the docile, even if awkward, instruments of execution."

"The routine-er's road is a ditch out of which he cannot get, whose sides enclose him, directing his course so thoroughly that he no longer thinks of his path or his destination."—Dewey, "Human Nature and Conduct."

Frances Bolton House

A Home for Student Nurses That Is a Real Home

By Nellie X. Hawkinson, R.N.

Lest We Forget

This little room was planned and set
By someone you never knew
Who tried to leave a friendly thought
And a wealth of peace for you.

To own the mansions of the earth
May perhaps not be your fate;
But you can have exquisite charm in here
Without being rich or great.

Just take care of it like a palace
And it can mean much to you;
A little world that is all your own
When the work of the day is through.

Be ready every moment
For a guest to step inside;
Don't leave anything ugly here
That you'll want to run and hide.

For joys of work, and the quiet of sleep,—
A king could have no more;
And the thoughts you think and the dreams you have
Can build Heaven behind this door.

—Diana Hunt.

THIS is the motto which daily greets each student in her room at the Frances Bolton House, a home opened in September for the five-year students of the Western Reserve University School of Nursing.

Even more, perhaps, than in the past is it being recognized that the responsibility of the college toward a student rests not alone in the studies in which she is directed, but in many other phases of college life. Important among these are the surroundings in which she is placed. As an expression of the conviction that beauty in

Living Room Looking into Music Room

LIVING ROOM

DINING ROOM

surroundings stimulates the idealistic nature, and that harmony and charm in environment bear a direct influence upon the personality and efficiency of the student, the House Committee gave much thought to the preparation of the dormitory which is to be home to this group of nursing students.

Most of the furnishings from the old Frances Bolton House were used again, gay paints and bright chintzes transforming the old into the seemingly new. Although the simplest and most durable of materials were used, it was possible to emphasize the gay happy spirit of youth and the harmony

STUDENTS' ROOM

of a real home as well as to obtain colorful effects and a cheerful atmosphere. The bedrooms are done in different colors, in an effort to have the occupant feel her own individuality rather than to have her institutionalized. The living rooms give an amazing sense of space and hospitable comfort.

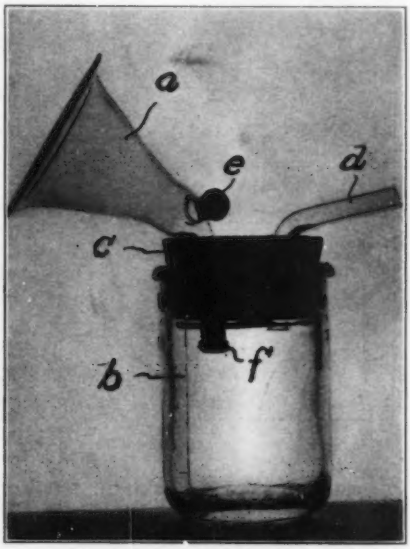
With such a background of simplicity and beauty these students should absorb that peculiar sense of poise and adaptability to any environment that will be an invaluable asset to them when their student days are over and the many doors of nursing opportunities open before them.

A Practical Breast Pump

By Woodard Colby, M.D.
St. Paul, Minn.

FOR the past four years we have utilized water suction as a means of operating a small, compact breast pump, alike in the hospital and in the homes of patients. The first outfit was designed with only home use in mind, but the need of numerous breast pumps at the hospital soon indicated its usefulness there as well. In the early models, the opening valve to break the suction was in the glass tube that led from the bottle to the water suction pump. With the breaking of the suction at this point the suction was lowered throughout the system before the breast was actually released, and had to be completely reëstablished before another expression could be effected. With good water pressure this model worked well, using a short rubber tube to connect a *small* vacuum bottle with the water suction pump. When the use of a long tube was necessary in order to reach the bedside, the breast pump worked much too slowly. Complete correction of this inefficiency was accomplished by placing the control opening to break the suction in the neck of the nipple shield, and by inserting in the tube end of the nipple shield, inside the bottle, a small rubber cork with a very small opening in it.

The apparatus was then composed of the following working parts: The nipple shield *a* connects with vacuum bottle *b*, through the rubber cork *c*. The bent glass tube *d* establishes connection with a piece of rubber



Nipple Shield and Vacuum Bottle

tubing which in turn connects with a water suction pump. The nipple shield has a wide straight neck, so

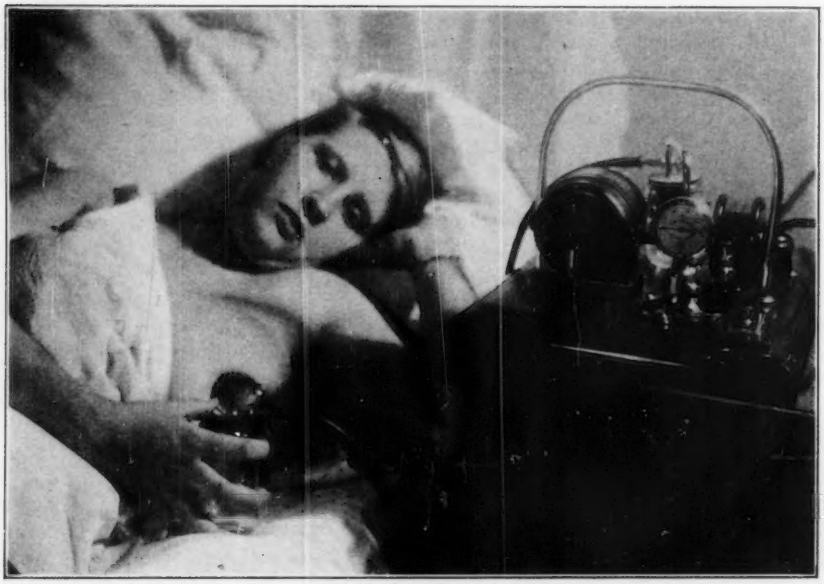
designed to prevent pinching and obstruction to the flow of milk by providing ample freedom for the nipple. The control opening *e* is placed at the top of the downward curve of the nipple shield and the small rubber cork *f* with its very small opening is inserted in the lower end of this tube within the bottle.

To operate: The tube *d* is connected with rubber tubing leading to a water suction pump, securely fastened to a faucet. The water is turned on, the shield *a* is applied to the breast, and the thumb of the operator (usually the patient) is placed upon the opening *e*, establishing an active suction which draws the breast into the shield and the milk from the breast. To break the suction and release the breast the operator simply lifts her thumb from the opening.

Advantages of this arrangement are as follows:

1. The small opening in the small rubber cork *f* plus the column of milk, prevents a lowering of suction throughout the apparatus when the thumb is removed from the opening *e* and effects a lowered suction in the nipple shield only.
2. Permits the use of any length of rubber tubing or any size vacuum bottle with equal efficiency, long tubing and a generous size bottle being even advantageous, because the larger space serves as a reservoir of suction.
3. Comfort is assured because the large suction space which makes jerking impossible, accomplishes a marked "elasticity" in action.
4. It works effectively with lower water pressure, because no suction is wasted.

Owing to our success with this model, based on the praise of mothers regarding the pump's great comfort and efficiency, we desired a more convenient form, *i.e.*, an electrically driven pump. This we have made by coöperating with the MacGregor Instrument Company, of Needham, Mass. In this type of apparatus the receptacle for the milk, and the breast



THE PUMP IN USE

shield with its control openings are essentially the same as in the water suction outfit. Suction is produced by a rotary blade vacuum pump driven by an electric motor. Volume of suction, as registered on the vacuum gauge, is under absolute control of the operator by merely turning the dial of the rheostat which controls the speed of the motor and the vacuum pump.

Advantages of both types of pumps:

First—Comfort.

Perfect comfort is assured the mother because: (a) Each expression both in duration and volume of suction and period of intermission is completely under control. (b) The nipple shield is so designed as to entirely prevent pinching and assures a rapid and complete relaxation of the breast.

Second—Convenience.

A standard Hygeia bottle, which is easily sterilized, is used as a receptacle for the milk. After the milk is expressed, the stopper is removed and a Hygeia nipple attached.

Third—Adaptability.

(a) The electric model is a small light outfit, easily carried from place to place. It is equipped with a universal motor which operates on either alternating or direct current. (b) The water pump operates on low water pressure, due to especially designed valves. (c) Either model works equally well with any length of tubing or any size of bottle. This makes the pump valuable for either home or hospital use where the mother is confined to bed. (d) Either model can be perfectly and instantly regulated for any amount of suction desired. (e) In ward use two, three or more mothers may be expressed at the same time

Essential Qualifications of the Anesthetist

By Margaret Galt Boise, R.N.

THE nurse graduated from a first-class training school should possess the fundamental knowledge and experience which fit her to embark upon the study of anesthesia. She must, however, have certain definite qualities and interests to become a successful anesthetist. The characteristics which contribute so largely to the ability to succeed in anesthesia are self-control and balance, quick cerebration in emergencies, good coördination of head and hands, interest in surgical procedures and last, but not least, interest too in human nature. The nurse in training who hopes to take up anesthesia as a life work should examine herself on these points, for if she fails in even one respect, her life will be more useful in other fields of nursing. Good health is a requisite, but physical strength is not so important as are the power to control one's emotions and mental balance.

Anesthetics are powerful agents which produce profound changes and may cause death when given in overdose. This realization must not disturb her equilibrium, nor confuse her judgment. Her thinking must be as quick and accurate under the strain of difficulties encountered as under normal conditions. Her actions must be well ordered and deliberate, not erratic. A nurse who prefers medical nursing in which results are slow and crises uncommon, will do less well in anesthesia than one who thrives in an atmosphere of intense activity and excitement. The ability to inspire confidence is not emphasized here, for she who is always sure of herself without a basis of knowledge and experience, will not approach anesthesia with the correct attitude. In an anesthesia course which is wisely handled, the student is not placed in a position of bluffing. She must grasp the fundamentals of anesthesia and acquire the

technic of administering the narcotic drug, before she is expected to take the responsibility of a patient's going to sleep. Her confidence in herself should keep step with her acquisition of knowledge.

A very important characteristic of good anesthetists, be they doctors or nurses, is their interest in the study of human nature. No two anesthetics are any more alike than are the faces of the patients to whom they are administered. A student of human nature observes types and characteristics and groups man according to these. The anesthetist who is also a student of human nature finds this grouping according to type very useful. The classification of anesthetics according to the operative procedure, or the age and physical condition of the patient, is only half the story to one who is interested in psychology. It is encouraging to see greater emphasis placed on this side of anesthesia each year. All writers are considering the viewpoint of the patient and are picturing the results of fear of an approaching operation. It is in abolishing this apprehension that the recognition of type and temperament plays an important rôle. Fear, which is rarely absent, manifests itself in many ways, hence it is impossible to approach all patients in like manner.

The anesthetist must endeavor to determine the best mode of approach to allay fear in each case. This is not easy and not always possible, but the effort of the anesthetist to treat each patient as an individual dispels his fear of being just a case. It is impossible to lay down rules for the approach, for to be effective an anesthetist must be able to classify her patients and to express herself spontaneously in every case. She must have sympathy for all. She must be patient with those who have had previous painful experiences, she must be firm with the vacillating, businesslike with those who like efficiency, coöperative with those who are making a good fight, and diverting with children. This program calls for great application and self-giving, but the results are ample reward. Anesthesia becomes to the anesthetist engrossing instead of boresome and mechanical; to the patient it becomes bearable instead of an agonizing ordeal. If the confidence of the patient has been won and his fears abolished, the induction and maintenance of anesthesia are facilitated and the recovery resembles normal sleep.

This aspect of anesthesia is emphasized, for it should be uppermost in the mind of the anesthetist. A student who has no sympathy for such ideas should not be encouraged to take up anesthesia as her life work.

The first lesson the pupil in anesthesia has to learn might be termed ear-training. The anesthetist who hears every breath her patient takes, and interprets the sounds correctly, will avoid serious difficulties. If there is but a short lapse of time after a patient stops breathing till measures are taken to resuscitate him, most cases can be brought around. If the anesthetist is not alert, and if her ear is not trained to hear every breath, the surgeon may be the first to note, by the color of the blood in the operative field, that all is not well. It will then often be too late to restore respirations and save the patient. Not alone the rate and rhythm of respiration must be observed, the sound made in breathing must indicate to the anesthetist the depth of anesthesia and the volume of air going into and out of the lungs. She must note any obstruction to the passage of air and determine the site of pressure, for respiration must be unhampered whatever the anesthetic, the

mode of administration and the operative procedure.

Next in order of importance is to learn the meaning of the picture presented to our eyes. The color of the skin, the blood and the tissues, gives us valuable information and the eye-signs tell us a story which we must learn to interpret correctly.

The sense of touch must be trained to measure the volume, force and rate of the pulse and to note the subtlest changes. It must be able to define between relaxation and muscle tone so as to apprehend oncoming rigidity.

The nurse who wishes to study anesthesia can cultivate these qualities at the patient's bedside while in training. In her medical nursing she has many opportunities to train her powers of observation. In her course in mental diseases, she may test her ability in handling difficult subjects: encouraging the melancholy, restraining those in manic excitement and dispelling apprehension in the fearful. In pediatrics, she will learn to be gentle yet firm, and to speak the child's language. She should apply herself diligently to the study of physiology, anatomy and surgery, for these subjects are closely allied to anesthesia. Only as we apply what we know of these to anesthesia can we make it a scientific procedure. Not only do different operations require varied methods of administration, but each operation requires varying dosages at different times, depending on the structures the surgeon is handling.

Though the student of anesthesia should be thoroughly familiar with surgical asepsis and the operative technic in the hospital in which she is working, in order to avoid contamination of sterile field and appliances, it would seem wiser to have her duties separate from those imposed upon the operating room nurses. They should be limited to what concerns anesthesia, for in this way alone can the anesthetist fulfill her obligation of guardianship of the patient from the time he reaches the operating room floor, until he is returned safely to bed in his room. It is to the surgeon who is giving his thoughts to the operation and who entrusts the patient to her watchful care that the anesthetist must make her report of any change in condition, as it is from him or his assistants that she receives a report of the pre-operative condition.

In conclusion I should like to state that nurses should not take up anesthesia unless they intend making a serious study of the subject.

A six months' intensive course may prepare a nurse to give safe and efficient anesthetics, and may serve to open her eyes to the vast realms of study ahead. After twice that many years of giving anesthetics, I feel a keen interest and wholesome apprehension in each administration and I hope never to cease learning something new each day.

A second paper will deal with the practice of anesthesia.

Breaking into the News

Pointers on Publicity for Press Chairmen

IF you are doing things, you are making news. Use your local newspapers to get nursing events in your state before the public. Breaking into print is easy if the rules of journalism are observed. To chairmen who are new at the publicity game, the following suggestions may be of interest:

1. Be accurate! Be brief! Be clear! These are newspaper A B C's. Remember that newspapers are written so that those who run may read.

2. Cover the whole story. *Who*, *what*, *where*, *when*, *how*, and *why* are the six questions that must be answered in every news story. Cover these points in simple words in the first paragraph. None of the six is far fetched, for all these things must be known if a story is complete.

Example of concise lead: John Doe, bandit wanted in seven counties, was captured by detectives at the corner of Tenth Avenue and Third Street Tuesday when they recognized him as he was stepping from a taxi.

3. News must be new. To report events two or three days after they happen is too late. They may be history, but they are not news. Advance notices of events have more value to editors than events after they happen. If the time is short, telephone your story. You don't have to write it.

4. Feature the most important facts. If a noted person is to speak, play up the *Who* in the first sentence.

If the event itself is unusual the *What* is your lead.

Start out with the *How* if the way the event is to take place or has taken place is the big thing.

If the time is extraordinary, emphasize the *When*.

If there are special reasons for the event play up the *Why*.

Feature the *Where* if the place where the event takes place has something unheard-of about it.

Sum up first. Elaborate afterwards.

5. Be impersonal. Write in the third person and avoid opinions, compliments, and adjectives. Opinions are all right in editorials and interviews, but have no place in straight news.

6. Mention exact day and date of meeting or other event. Say Wednesday, Thursday, Friday, not yesterday, today, tomorrow. Newspapers have mailing editions.

7. Early copy gets the space. Learn the dead lines of your newspapers and time your stories accordingly. Give your news first to one newspaper and then to another.

8. Write your copy on manuscript paper, allowing a wide margin at top and two inches on the sides. Use a typewriter if possible; your copy stands twice as good a chance of seeing print if handwriting does not have to be deciphered. If forced to use longhand, write with a soft black pencil on one side of the paper only. Leave wide space between the lines and print all names.

9. When writing names for the first time in a story, write the name in full, using the middle initial.

10. Make yourself accessible to the editor. Sign your article, giving address and telephone number. The editor may want to get in touch with you.

11. Be sure to cover your events before and after they happen. It means double publicity.

12. Keep to the point. When you are through writing facts, stop.

"MARK it! Freedom is not primarily a matter of theory. Freedom is primarily a matter of living. There have been and there are free souls. Life never has been able to reduce them to slavery. You can find them from little children up, and they all have one quality. Necessity says, You must get an education; and they say, How glorious school is! Necessity says, You must help your mother with the housework; and they say, I love housework. Necessity says, You must earn your livelihood by this kind of toil; and they say, A most interesting kind of toil—let me at it! Necessity says, You must lose your arm; they say, I will not lose it, I will give it. Necessity says, I am going to take your life away from you; they say, Nobody takes my life away from me, I lay it down myself.—"The Power of Willingness," Harry Emerson Fosdick, D.D., *The Church Monthly*, October, 1927.

Six Years of Centralized Teaching

By Mabel F. Huntly, R.N.

IT will be six years, in February, since the School for Preliminary Courses in Nursing in Philadelphia enrolled its first class of students. The school was organized through the combined effort of the League of Nursing Education and the Hospital Superintendents' Association, and it is directed by an Executive Committee on which those organizations have two representatives each. The Committee also has representatives from the Pennsylvania State Board of Nurse Examiners and the Instructors' Section of the League; the superintendents of nurses who send their students to the Preliminary School, are automatically members of the Committee.

Perhaps the school would not have continued to operate after the first year had it not been for the wholehearted interest and generous financial support of our Chairman and Treasurer, Arthur A. Fleisher. At the end of the first full year we faced a deficit of considerably over $5,000, efforts to secure public donations having met with almost complete failure. It was decided to raise the tuition fee from $10, for the four months' instruction, to $50, and to borrow the money to cover our indebtedness. Mr. Fleisher arranged the loan and has carried it without interest during the five years. At the close of the third year we again raised the tuition fee, making it $60, which put the school upon a self-supporting basis. Meanwhile, the League of Nursing Education has yearly conducted a money-raising project and has raised enough money to meet any deficit which has occurred since the end of the first year and has also reduced our original indebtedness by nearly $2,000.

There are six hospitals sending their probationers to the Preliminary School during the current term, having enrolled 141 students October 3, 1927, and one more hospital has asked to renew its affiliation in February. Four of the hospitals—the Methodist Episcopal, the Hospital of the Graduate School of Medicine, the Children's and the Jewish—were among the original eleven which enrolled students in the first term of February, 1922. The affiliation with the Abington Hospital we are especially proud of because it is situated outside the city limits and it takes one and one-half hours for the students to make the trip each way. Surely we could have no better illustration of the fact that the hospitals feel that the time and cost of transportation are counterbalanced by the saving in teachers' salaries, laboratory equipment and teaching facilities.

Having mentioned five of our six affiliates, I must not omit the Howard Hospital which has sent its students for three years. While it sends only a small group each term, it has been a welcome addition to the group because of the way in which its nursing staff has coöperated in all matters pertaining to the education of their students.

But coöperation has been the foundation upon which the school structure has been built. The feeling of mutual confidence between the superintendents of nurses and the teachers of the Preliminary School has resulted in the successful operation of the centralized plan through these years in which our financial difficulties have been our only serious ones. And difficulties of the budget are much easier to surmount than are those of the spirit.

One of the standards by which an

educational institution may be measured, is by the quality of student accepted. We have considerably raised our standard since the first year when we accepted students who had one year of high school credits or their equivalent in courses of educational value and business experience. Our minimum standard is now two years of high school or its equivalent, but our actual enrollment indicates that insistence upon high grade accomplishment by every student has automatically tended to make the hospitals more exacting in selecting material.

The educational qualification of the students in the present term is as follows:

Four years of high school	113
Three years " "	10
Two years " "	16
Equivalent of two years	2
Total	141

Thirteen of the students have attended college one or more years and four have had normal school or business school courses after graduating from high school.

The increased proportion of high school graduates is one of the outstanding results of the School's activities. The hospitals which have been affiliated since 1922 agree that the school has been instrumental in attracting a higher type of young woman into their training schools. The fact that our schools are enrolling larger and larger numbers is an indication that young women are seeking admission to those hospitals which offer a course of instruction which is soundly organized and where a sufficient amount of time is allowed the student for classwork and study during the preliminary term.

The courses extend over a period of four months; the fall term opening about October 1st and the spring term February 1st.

The curriculum is as follows:

	Hours
Anatomy and Physiology	90
Bacteriology	26
Personal Hygiene	10
Chemistry	21
Nutrition and Cookery	42
Drugs and Solutions	21
History and Ethics of Nursing	15
Psychology	10
	235

We hope in the near future to extend the number of hours in chemistry, as that seems to be our weakest point.

The classes are usually conducted in the afternoon and on Saturday morning. Each group of students reports at the School four days weekly, making an approximate roster for the individual student of fifteen hours weekly. On the days on which they attend classes at the Preliminary School, they are on ward duty not more than two hours.

A rather comprehensive study of the distribution of the students' time between the hospital and the School is being made by a committee composed of the nurse instructors. It is felt that such a comparative study may bring out some facts which will have a bearing on the length of assignments and on the amount of ward duty which can justifiably be expected of the student in each week of the four months' period. It may result in the adoption of a uniform weekly schedule which has not thus far been attempted.

Since October, 1927, all courses have been conducted at Drexel Institute, the University of Pennsylvania having become so congested that it could not longer afford us office and classroom space. Our arrangement with Drexel Institute is a somewhat complicated one which works out most satisfactorily, however.

Drexel Institute, which was founded in 1891 by Anthony J. Drexel, is a technical college for men and women, open for day and evening sessions. The day college offers courses in five schools: the Engineering, the Home Economics, the Secretarial, the Business Administration, and the Library Science. The Bachelor of Science Degree is conferred in Home Economics, Engineering, Commerce and Secretarial work. The aims of the Institute are expressed in the catalogue in the following terms:

The Drexel Institute believes that education must be at once practical and humane, that it must not only be good, but good for something, and that its chief end shall be the production of highly trained and broadly useful members of society. The Institute further believes that the really educated man or woman possesses an essential minimum of information and a maximum of knowledge, which is information made usable. In accordance with these beliefs the curricula of the Institute embrace both specific and fundamental education.

Specific education develops expertness in some practical art. It fits one for the immediate position. Fundamental education gives meaning to specific training and thereby serves the ends of citizenship. Fundamental and specific training enable one to see and to grasp the opportunities which are constantly arising in the world today. Taken together they produce the broadly useful member of society.

Under our contract with Drexel Institute we are able to take advantage of the character of teaching which it affords and yet maintain the independent organization of the school. Provision is made for our students in two different ways:

First.—We "rent" the courses of Chemistry, Bacteriology and Nutrition and Cookery from the Institute, paying $364 for each group of 28 students enrolled, and $5 per student for laboratory supplies. The institute furnishes the teaching staff for those courses. The teachers for Chemistry and Nutrition and Cookery are those of the regular faculty, but because the Institute had to secure another teacher for Bacteriology, the Director of the Preliminary School was appointed as a faculty member to teach that subject. Drexel Institute pays back to the school, a sum which is agreed upon as compensation for the Director's services.

Second.—We rent office space and equipment from the institute and classrooms in which all of our other courses are conducted. Over this part of the work the Institute has no supervision whatever. Teachers are engaged by the Executive Committee, through the Director of the School, and are at present as follows:

Anatomy and Physiology.—Ophelia Feamster, R.N., Visiting Teacher, Philadelphia.

Drugs and Solutions.—Elsie B. Cantwell, R.N., Instructor, Methodist Episcopal Hospital; Mrs. F. VanBuren Connell, B.S., R.N., Instructor, West Philadelphia Hospital for Women.

Personal Hygiene.—Bernice L. Chellis, B.S., R.N., Resident Nurse, Instructor in Home Nursing, Drexel Institute, Philadelphia.

Psychology.—Linwood Taft, Ph.D., Assistant Professor of Education, Drexel Institute.

History of Nursing.—Mabel F. Huntly, B.S., R.N., Director of Preliminary School.

Dr. Taft and Miss Chellis, who were added to our staff this year, have been most stimulating to our students and have brought a fresh point of view into our conferences. Mrs. Connell returned to teach one section of Drugs and Solutions in the fall term, having taught that subject in the school in its first three years. Miss Cantwell has been teaching the Drugs and Solutions for several years with marked success, but she was unable to give the additional time necessitated by the larger number of students in the fall term.

It is a pleasure to have this opportunity to write of the contribution to nursing education which has been made through the school by Miss Feamster. Miss Feamster had been doing visiting teaching in the schools of nursing in Philadelphia and vicinity for several years before the centralized plan was adopted, and was one of the many nurse instructors who taught in

the first or "trial" semester, February to June, 1922, without material compensation. Beginning with October, 1922, Miss Feamster was employed by the school on a part-time basis, for teaching the Anatomy and Physiology. She has continued to teach that subject ever since and should have a very large amount of credit for any success which the school has had. Her attitude towards the work is a most conscientious one, her standard of student achievement high, and her own preparation for teaching the sciences has been thorough and painstaking. In a survey of the results of State Board examination of our students, we found that the proportion of failures in Anatomy and Physiology was gratifyingly lower than that for the state as a whole, giving concrete evidence that instruction in this subject is adequate and sound.

The school is passing from the infancy stage to that of fairly robust childhood and gives promise of growing finally to well developed adult life. It was organized for the purpose of giving student nurses of the affiliated hospitals, adequate instruction in the sciences in the most efficient and economical way, and from both of these points of view, the educational and the administrative, it is felt that the School for Preliminary Courses in Nursing has justified itself.

Fractional Gastric Expression

As Performed in the Minnesota University School of Nursing

Aim: To determine the curve of hydrochloric acid in the stomach after a Ewald meal.

Necessary articles: Tray containing

1. Duodenal tube in dressing bowl of ice.
2. Six large size test tubes (in a container so that they stand upright).
3. Litmus paper (red and blue).
4. Luer or triumph syringe.
5. Kidney basin.
6. Rubber band or small forceps.
7. Articles for preparation of patient, the same as for gastric expression.

Procedure:

1. Nurse prepares tray and assists doctor.
2. The patient is given no food before the first expression.
3. The duodenal tube is swallowed as in other gastric expression.
4. The specimen is obtained by aspirating with the syringe.
5. After first specimen, the patient is given a Ewald meal or a meal as ordered by the doctor.
6. The remaining specimens (usually six in all) are expressed at intervals of 15 minutes.
7. The tube is kept in the patient's throat and clamped off between specimens with a forceps or rubber band.
8. Send specimen to laboratory with a request blank.
9. Chart hour and kind of expression, specimen to laboratory.

Duodenal Catheterization

Aim: To determine whether or not there is a free flow of bile and whether the bile is normal or pathological; is used also for lavage of duodenum with magnesium sulphate or other preparations affecting the bile duct.

Necessary articles: Same as for fractional gastric expression.

Procedure:

1. Nurse prepares tray and assists doctor.
2. The tube is swallowed by the patient until it is well within the duodenum.
3. Evidences:
   a. A resistance tuck when the tube is pulled.
   b. Appearance of yellow bile with alkaline reaction upon aspiration.
4. Have patient lie to side of bed and elevate hips by placing two pillows under them. Remove pillows under head.
5. Proceed as for fractional gastric expression.

An Experiment in Self-Government

in Nathan Smith Hall, Yale School of Nursing

By Norma Sauer Selbert, R.N.

THOSE of us who have watched the progressive education which has been developing in the Yale School of Nursing know that democratic ideals have extended also into Nathan Smith Hall, the residence in which students and faculty of the Yale School of Nursing live. This residence hall resembles a well regulated club, but it is recognized as a vital part in the educational program of the school. The management of the house is based upon the assumption that all who live there are responsible human beings. The faculty are not the determinate group. The activities are regulated by a House Committee which is composed of representatives of the various groups in the house. Two are elected yearly from each: the Freshmen, Juniors, Seniors and Faculty. The Residence Director attends all meetings. The policies in this home are formed by the group which represents those who live here.

Nathan Smith Hall is a spacious, four-story building with windows in every direction and surrounded by gardens. It is located about five minutes' walk from the Yale School of Medicine, the New Haven Hospital, the Dispensary, and the Yale School of Nursing. About forty-five students and thirteen members of the faculty call this their home. Two rooms are constantly used for guests who come from various parts of the world. During the past year, visitors came from eleven countries.

Almost every person who lives here is on an individual schedule, since most of the instruction in the Yale School of Nursing is done through the case-study method. A bond which holds this heterogeneous group in happy union is the mutual dependence which residents have upon one another. Quoting one of the students:

"We all have the privilege of doing night duty some time or other, and consequently we all learn to know sooner or later, the importance of keeping quiet from 9 a. m. to 4 p. m."

Another "tie which binds" the residents in mutual helpfulness is the fact that each person has the right to decide for herself what justice means. Each person may help shape the policies which exist here. Consequently, she promotes the enactment of regulations which she recognizes as just and fair. House regulations which evolve without a voice of the residents whom they affect, tend to develop artificial behavior. The sense of justice usually conflicts with what has been prescribed without consent. Moreover, the habit of subservience to external authority tends to destroy in the individual the capacity for judgment, and "the preservation of keen individual consciences is more important than any law which may be in control."[1]

The virtue of control through a House Committee is that the individual differences are considered, government is then on a democratic basis, and consequently, coöperation is spontaneous.

The House Committee in Nathan Smith Hall was organized November 10, 1924, "to direct activities in Nathan Smith Hall." The resolutions drawn up by the Committee are

[1] Patrick Murphy Malin in "Civil Disobedience," *The World Tomorrow*, July, 1927, page 306.

submitted to the Administrative Council, composed of the Dean, and the members of the faculty with professorial rank. The Matron, or Residence Director, executes the approved resolutions.

The regular meetings are held monthly, opening with a dinner in the private dining room which is separated from the larger general dining room in the home. Each class is supposed to have a meeting prior to this meeting. Thus the representatives of each group bring to the House Committee meetings the opinions of individuals in their class.

The meetings are all friendly. They are helpful to the Residence Director, and educative to all who attend. The majority of the committee are prospective administrators as well as prospective nurses, and they recognize that the discussions include important data for future use. The residence director usually gives information regarding sanitary and economic conditions in the house, gives costs, and evaluates proposed changes. Members learn that no set of regulations can control the constantly changing conditions which exist in a home where progress is encouraged. They recognize the fact that certain improvements make life more and more complex, but they also recognize that order means liberty.

Students in schools of nursing should be encouraged to formulate a philosophy of the home in its relation to life. Standards in the home should be such as support the preferred theories of Hygiene, Sanitation, Economics, and Sociology. The nurses' home should afford rest for the weary, pleasure, and educative experiences for those residents who are at leisure.

The House Committee in Nathan Smith Hall has done much to shape the philosophies of those who live here. They find here the application of standards recommended in classrooms and laboratories. Each student is helped to adjust herself to her environment, as she must change her habits from old grooves into new ones. The government which she finds here is with the minimum regulations, and these emerged through educational measures. "Where the government may be looked upon as a definite constructive educational program we find the best government; namely, government which governs not at all."[2]

Trachoma

AT the annual meeting of the National Committee for the Prevention of Blindness, Dr. Park Lewis announced that through the splendid work of Dr. Hideyo Noguchi, a Japanese scientist working under the direction of the Rockefeller Institute, great progress has been made toward localizing the causative element on which trachoma is dependent.

"After years of research," Dr. Lewis said, "Noguchi has succeeded in isolating an organism by which he produces trachoma in the eyes of the monkey. This is of signal importance, although we may have far to go before the curative sera are developed. But this is another thread running through the warp of the structure that is binding the nations closer together. Widespread and disastrous as is trachoma as a world problem, it is but one of many. The venereal diseases, one of the chief menaces to sight, require international coöperation of those affected through transit across the borders of adjoining states. An understanding is necessary for the continued treatment of travellers passing from one country to another."

Dr. Lewis declared that trachoma is prevalent in many of our Indian reservations and among the white population in certain sections of the country, and that Congress should take cognizance of this serious situation in its appropriations to the Public Health Service.

[2] Will Durant, "In Praise of Freedom," *Harper's Monthly Magazine*, June, 1927.

Artificial Immunization—Its Development and Practical Use

By V. L. Ellicott, M.D.

EXPERIMENTS in producing artificial immunization date back to the work of Pasteur in 1880. He was apparently the first to try to make use of the perfectly obvious fact that an attack of a disease such as measles left a person immune to future attacks. It was true that Jenner discovered smallpox vaccine 100 years earlier, but far-reaching as Jenner's discovery was, it stood alone in research and did not mark the beginning of further immunization experiments.

In 1880, the time when bacteriology was beginning its development, Pasteur made an accidental discovery while experimenting with cultures of chicken cholera. He found that the bacterial cultures which had been allowed to stand for several months, when injected into chickens, did not produce death, but protected the chickens from subsequent attacks of the disease. Pasteur thus made the first discovery that immunity may be brought about by the injection of weakened or *attenuated cultures*. As this type of immunization resulted from stimulation of the injected animal, the animal playing an active part, it was called *active immunization* in contrast to *passive immunization*, discovered later, in which the injected substance affords protection without the activity of the injected animal. Continuing along this line of work, Pasteur and others showed that attenuation of bacteria could be brought about, not only by allowing cultures to stand, but by cultivation at high temperature, by passage through animals, by drying, by the use of chemicals, and by cultivation under pressure.

In the twenty years following Pasteur's discovery, many phenomena were discovered which threw more light on the mechanism of immunity and completely upset the prevailing beliefs. Pasteur had thought that immunization such as that following an attack of disease, resulted from an exhaustion of the specific nutritive substances necessary for bacterial growth. He likened disease to fermentation and immunization to the stopping of fermentation when all sugar was used up. His theory was called the "exhaustion theory." Others reasoned that immunity resulted from the formation by bacteria of substances which inhibited further growth of bacteria. Their theory was called the "retention theory." Both of these theories were soon invalidated by a succession of enlightening experiments.

In 1883, Metchnikoff discovered that the cell bodies of a yeast causing disease in the water flea were destroyed in the body cavity by the white blood cells, the blood cells absorbing the yeast cells by a process of intracellular digestion. The fleas appeared to recover or die according to the completeness with which the white cells took up the yeast cells. From this experiment, Metchnikoff concluded that cellular ingestion or *phagocytosis* represented the mechanism of immunity.

In the meantime, Hunter showed that the shed blood of animals was not as subject to putrefaction as were many other organic substances. Similarly, Nuttall, in 1888, and others showed that normal blood not only inhibited the growth of bacteria but

that it actually killed them. The latter property was spoken of as *bactericidal power*. As Nuttall's discovery was practically a contradiction of Metchnikoff's phagocytosis theory, two dissenting schools of thought were formed, the Metchnikoff school being called the *cellular* and Nuttall's the *humoral*.

The next advance in knowledge came in 1890 to 1892 when Behring and others found that an animal could be made immune, not only by injecting bacterial bodies but by injecting the products of bacterial growth. They injected the filtrate of broth cultures of diphtheria or tetanus bacilli. (It had already been shown that these filtrates contained poisonous substances called *toxins*.) Their experiments also proved that the immune substance, spoken of as *antitoxin*, was present in the blood serum and not in the cells, as shown by the fact that the transfer of blood serum from an immune animal to a normal animal rendered the second animal immune. These experiments not only brought almost complete victory to the humoral school but also marked the discovery of *passive immunization*—immunization by direct transfer of protecting substances.

While these experiments were naturally followed by attempts to find toxins and antitoxins for other diseases, results were disappointing and showed that the phenomena were not applicable to most other diseases. New developments, however, soon followed. Pfeiffer and others showed that very often the immune bodies which formed did not act against a poison excreted by the bacteria but acted against the bacteria themselves. In one of these, called the "Pfeiffer Phenomena," it was shown that when cholera spirilla were injected into the peritoneum of a cholera immune guinea pig, the spirilla were rapidly disintegrated.

The disintegration was not a phagocytosis by leucocytes but was apparently a property of the fluid elements of the body. Moreover, the immune bodies could be transferred to another animal by injecting into it the serum of the immunized animal. This mechanism, therefore, represented another example of passive immunization, and as the theoretical substances in the blood serum caused a dissolution of bacterial cells, they were named *bacteriolysins*.

Later, still other immune properties were found to exist in the blood serum. It was shown that in a disease such as typhoid fever, a substance was present which rendered the bacterial cells nonmotile and clumped them together. These substances were accordingly named *agglutinins*. Strange to say, the transfer of agglutinated serum does not seem to confer reliable immunity to a second individual. Passive immunization, therefore, cannot be carried out in typhoid fever. Another group of substances was found which caused turbidity or precipitation when mixed with extracts of bacteria. These were named *precipitins*. Finally, a fourth property was found which appeared to act by assisting the leucocytes in engulfing bacteria. These theoretical substances were called *opsonins* (meaning food preparers) because they acted, not by stimulating the leucocytes, but by rendering the bacterial cells more subject to ingestion.

Thus, immune blood serum was shown to have at least four distinct properties represented by the theoretical substances—bacteriolysins, agglutinins, precipitins, and opsonins.

It is at this point that the phenomena of immunization become baffling by their complexity. It was found

that not only pathogenic bacteria but also practically any other foreign cells, in fact, practically any foreign substances of protein nature could be used to stimulate immunity production. The general term *antigen*, meaning antibody producer, was used to designate the injected substance and the term *antibody* used to designate the specific bodies produced by the antigens.

It was also recognized that under certain conditions antigens produced hypersensitiveness instead of immunity, this phenomenon being termed *anaphylaxis*.

Further experiments showed that antibodies themselves were complex substances. It had been shown that a rabbit, when repeatedly injected with blood corpuscles of a sheep, would yield serum which would quickly hemolyse the sheep's corpuscles. This experiment was so simple and easy to observe in a test tube that it greatly simplified research. Bordet showed that the power of hemolysis was lost when the immune serum was subjected to heat, but that the property could be given back to the heated serum by adding any normal non-immune serum. Therefore, it was concluded that there must be at least two immune substances.

One of these, the heat-resisting substance, which is specific and is not present until immunization has been produced, was called the *ambocepter* because it was believed to be a connecting link between the bacterial cells and the other substance.

The second substance, which was easily destroyed by heat and was non-specific and present in all blood sera, whether immune or not, was called *complement* because it was the substance necessary to complete the chain of immunity.

Important Sera and Vaccines[1] Now in Use

WITH this sketchy account of the development of our knowledge of immunity, let us pass on to the present-day application of it. While there are a great many sera and vaccines available for use today, a relatively small number of them have a large field of usefulness. Most of those which are now in common use will be found in the following list:

Group I. Injection of attenuated cultures (active immunity)
- (a) Smallpox vaccine
- (b) Pasteur prophylaxis of rabies

Group II. Injection of bacterial vaccines (active immunity)
- (a) Typhoid vaccine
- (b) Pertussis vaccine
- (c) Vaccines against pneumonia, coryza, staphylococcus, streptococcus, and gonococcus infections, against meningitis, plague, cholera, bacillary dysentery, etc.

Group III. Injection of bacterial toxin or toxin-antitoxin mixture (active immunity)
- (a) Diphtheria toxin-antitoxin
- (b) Scarlet fever toxin

Group IV. Injection of antitoxic or antibactericidal serum (passive immunity)
- (a) Diphtheria antitoxin
- (b) Scarlet fever antitoxin
- (c) Immune sera of tetanus, type I pneumonia, meningitis, streptococcus infections, etc.
- (d) Human convalescent serum of measles and poliomyelitis

Smallpox Vaccination. Immunity is produced by causing localized infection of cowpox. Cowpox virus is believed to be a modified form of smallpox virus attenuated by growth in the cow. For practical purposes, vaccination protection averages from

[1] The word vaccine means "pertaining to the cow" and originally referred only to smallpox vaccine. It is now commonly used to designate any material used for preventive inoculation but more especially to bacterial vaccines. The word serum should be used only in reference to materials containing blood serum. Careless use of the word serum in place of the word vaccine should be avoided.

seven to ten years. It will protect even when given three or four days after exposure. With proper precautions, danger is infinitesimal. It is generally agreed that vaccination should be made compulsory by law.

Pasteur Prophylaxis of Rabies. Immunity is produced by injection of virus attenuated by passage through rabbits and by drying. Treatment consists of a series of fourteen or more injections of emulsified spinal cord of the infected rabbit given one-half to one day apart. An average of one out of six persons bitten by rabid dogs develops rabies, if untreated, but an average of only one out of 200 treated persons develops rabies. Treatment should be given after all dog bites in which there is any suspicion that the dog was mad.

Typhoid Vaccine. Immunity is produced by injection of killed suspension of typhoid organisms. Three injections are given at intervals of one week. Often a combination of typhoid and paratyphoid bacilli are given in one vaccine, the vaccine being called triple vaccine. About one-third of those inoculated show a mild reaction consisting of malaise, pain in the back and limbs, and fever, in addition to local inflammation. Protection is by no means absolute and, therefore, should not be used to the neglect of ordinary precautions. Immunity begins to decline in about two and one-half years. Immunization should not be compulsory except in the army, in institutions, and in groups especially exposed to infection. It should be recommended for travelers, particularly those going to places where typhoid prevails or where sanitary conditions are poor. Persons attending or living in contact with typhoid cases and persons known to have been exposed should always take vaccine.

Whooping Cough Vaccine. A suspension of dead organisms, similar to typhoid vaccine is used. Protective power is very slight. In some cases beneficial results are obtained during epidemics in children's institutions; in others, there appears to be no benefit.

Bacterial Vaccines for Other Diseases. A pneumococcus vaccine consisting of a killed saline suspension of different types of pneumococci is sometimes used to immunize persons known to suffer from repeated attacks of pneumonia; also to protect miners, policemen, and others whose occupations increase their pneumonia risk. A mixed stock of vaccines is sometimes advocated to protect against recurrent attacks of coryza. Stock staphylococcus vaccines, or autogenous vaccines (killed organisms obtained from the injection of the patient) are sometimes given to persons suffering from boils. Streptococcus vaccines are sometimes of help in the sub-acute stage of streptococcus infections. Gonococcus vaccines are sometimes of benefit in complications of gonococcus infections. Meningococcus vaccine gives a high degree of protection and is of value in preventing the spread of epidemics. Vaccines are used to protect against plague and cholera, but the immunity in both cases is limited. Bacillary dysentery vaccine is of value in institutional outbreaks. In the Shiga type, the organisms are mixed with immune serum to render them less toxic.

Diphtheria Toxin-antitoxin. Active immunity is produced by hypodermic injection of diphtheria toxin partially neutralized by antitoxin. Diphtheria toxin has been shown to consist of two parts, a true toxin which is extremely poisonous and poor as an immunizing agent and a *toxoid* portion which is less toxic and more effective in

immunization. When toxin is partially neutralized, the true toxin is rendered harmless while the toxoid is left free. Recently, toxoid preparations have been produced without antitoxin, the true toxin being removed by deterioration.

Diphtheria immunization consists of three injections given one week apart. Reactions are slight, particularly in children. Immunization should be given to all children between six months and one year of age. Each child should be Schick-tested six months or a year later and if positive, immunized a second time. From 75 to 90 per cent of small children are immunized by one series of injections. If immunity is effective, it lasts for at least ten years and probably for life. Intensive diphtheria immunization work has shown that diphtheria may be almost completely eliminated from a community by toxin-antitoxin administration.

Scarlet Fever Active Immunization. Hypodermic injections of scarlet fever streptococcus toxin are given, usually in five injections at intervals of one week. Immunity is said to last for at least two years and can be tested by the Dick test, a test which is similar in every way to the Schick test for diphtheria. This method is still in the experimental stage.

Diphtheria Antitoxin. Diphtheria antitoxin is the concentrated blood serum of horses immunized by diphtheria toxin. It is not only of tremendous value when used as a curative agent but gives us a most practical method of conferring immediate passive immunity to exposed persons. Active immunization, on the other hand, cannot be used to protect persons exposed to diphtheria because there is a delay of several months between inoculation and the development of immunity. In a small percentage of cases, diphtheria antitoxin produces serum reactions. Administration consists of a single hypodermic injection. Immunity lasts for only three or four weeks.

Scarlet Fever Antitoxin. Like diphtheria antitoxin, scarlet fever antitoxin is the blood serum of horses actively immunized against scarlet fever. It is of great value both for the treatment of cases and for the passive immunization of exposed persons.

Immune Sera of Other Diseases. In tetanus, type I pneumonia, meningitis, and in certain streptococcus infections, immune sera are of value both in producing passive immunity and in the treatment of cases.

Convalescent Sera. In certain diseases, notably measles, poliomyelitis and others, serum taken from the blood of persons convalescing from the disease is of value as an immunizing or curative agent. Convalescent measles serum is now much used to protect babies exposed to measles, particularly during institutional outbreaks.

"WHILE society has usually taken centuries to develop a profession, this generation has seen two new professions—nursing and social work—become fully established. Medicine, law, teaching and the ministry emerged slowly from superstition and tradition, gradually built up a body of dependable knowledge, and little by little, over a period of many centuries, secured recognition as professions, speaking with special knowledge and authority. Even yet, they have not secured complete public confidence and have to fight pretenders, quacks and demagogues on every hand. It is truly astonishing that two new services needed by every community have become established, as it were, over night, on a professional basis. . . . Of course neither of these two services, nursing and social service, in so short a time has attained the proportions or the dignity of the older professions, but both of them show unmistakable signs that they have come to stay, because they meet previously unmet serious social needs—suitable care of the sick and the suitable relief of the distressed."—"Teamwork in Social Welfare," Homer Folks.

A Comfortable Binder

For Meeting the Problem of the Precordial Ice Cap

By Dorothy Brown, R.N.

IT has long been a problem in cardiac nursing how to apply a precordial ice cap without having the purpose of the application entirely defeated by the nervous exhaustion and discomfort caused the patient, through his endeavor to keep it in position.

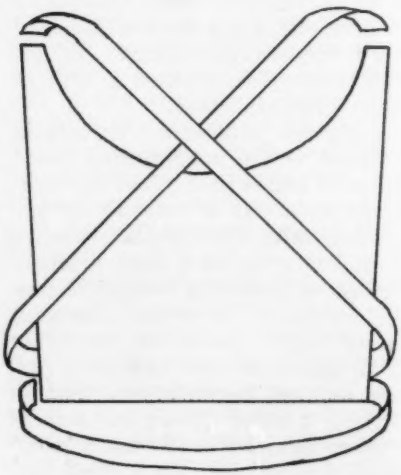
We, at the University of Michigan Hospital, have therefore attempted

Front

to construct a binder to meet our needs. This binder is made of flannel with adjustable shoulder and waist straps; the front a solid piece of material on which a second thickness, the shape of the ice cap, has been stitched, into which the ice cap may be easily slipped, as into a cover; the back, simply two diagonally crossed straps, that from the left waistline being brought up diagonally over the back and pinned to the front right shoulder strap, and vice versa.

The following points recommend the binder to our use:

1. It is light in weight, inexpensive, and easily laundered.
2. It is adjustable without having to move the patient.
3. The patient need not be disturbed when the cap is refilled.
4. The double thickness of flannel is sufficient to prevent frostbite, with very little extra weight.
5. The patient's back is left exposed for percussion, and if stethoscope examination over the apex is desired, it is a simple matter to unfasten the left shoulder strap and expose the left chest.
6. Perhaps most important of all, the patient does not need to hold the ice cap in place, may freely turn in bed to any position without fear of its slipping, and is not burdened with its weight as was the case when the ice cap was pinned to the patient's gown or suspended from the neck on a bandage.



Back

What It Means To Be a School Nurse

By Jennie MacMaster, R.N.

WE all want to see our country rank among the leading nations of the earth, and we like to have a hand in putting it there. The surest way to have a hand in this great job is to deal constructively with the children of today because, we cannot repeat it too often, they are surely the citizens of tomorrow.

When I pass cripples on the street—women walking on raised shoes, men with twisted arms, men or women with half-blind eyes peering searchingly ahead; or when I see ear trumpets or any device of the deaf—I am keenly conscious of the fact that our citizens of tomorrow *cannot* number so many physical handicaps. The generation that is now maturing, and those that are to follow, *must* have fewer disabilities—must, because of the clinics and the public health doctors and nurses of today.

The school nurse takes a very active part in this work of building toward the future of our nation, through our race. In any school system she plays a big part; but in the smaller schools, where she is the only health worker employed, she carries an especial responsibility. The nurse, thus employed, usually has under her care from 1,500 to 2,000 children.

In her district she works to keep down contagion. She teaches health, and makes the individual health inspections through which vision, eye, hearing, ear, dental, nose and throat, and orthopedic defects are located. She watches for symptoms of heart and lung diseases. She measures and weighs her children and talks to the under- and over-weights, re-weighing at stated intervals. She has office consultations with parents, and makes home calls of investigation and of the follow-up nature. She sees that first aid is provided for in each building. She frequently renders first aid, but she also sees that some competent person in each building is prepared for that service when it is necessary. She makes sanitary inspection of buildings. She stimulates such movements as milk and cafeteria lunches in the school, and she carries on a constant propaganda to keep established health-promoting devices well patronized.

She keeps in touch with local doctors, dentists, ministers, and social agencies. She is called upon for health talks to various school clubs, to mothers' circles, to parent-teacher associations, and to women's clubs. She occasionally makes class talks herself, but she also stimulates her teachers to such an interest in health as to urge them to correlate it with all of their subjects. She even helps them plan ways of weaving health into the various subjects and, working through her superintendent, may succeed in getting regular health periods installed with a stated number of class hours for that, as for all other subjects. She also keeps in touch with national agencies, and gathers in all material which might prove helpful to her teachers and instructive to children and parents.

Yes, she is busy every minute of the day, but the results amply repay the effort put forth. To see Arthur's shining cleanliness in contrast to the memory of his former dirty face and unkempt hair; to be bidden to admire Susie's newly cared-for nails; to watch Johnnie joyously running across the playground, and to think back to the twisted foot on which he first limped into her office; to hear Sarah say, "I've been gaining ever since you found out

about my eyes, and I learn better, too!"; to hear Billie's teacher tell how much better his classwork is, since his ears have been treated; to see Dorothy's color turning from gray blue to a healthy pink, since the doctor is treating her heart—to watch all of these and to know that one has had a hand in the great work, that one pressed the button, so to speak, which brought about the miracles! To stimulate the children's interest in their own personal care, to detect their handicaps, to discuss the "possible trouble" with the parents, and to get them to the clinics and the specialists who work the miracles, is to have a share in a splendid work—a work which must lead to a more glorious future.

The school nurse doesn't perform the big task, it's true, but if she didn't get the children to the man who does perform the task, how could they be benefited by his skill? So the job of finding the little unfortunates, and of persuading their parents to take them to the doctor, falls to the school nurse, and in more cases than most people would believe, the task of getting the parent to take the child for treatment is an even greater one than is the actual operation. In this task the nurse must not only be able to vision the future herself, but she must also possess the ability to make the child and its parents look beyond the immediate inconvenience of going for treatment, even the pain which treatment might involve, to the time when these will have ceased, and only the glorious results be remembered.

Pointing the way for others leads to a greater acuity of vision for one's self, and the school nurse, as she goes from task to task, is fortified through present discouragements, by glimpses into the future toward which she builds—a future of more perfect physical development, of better citizenship—a future of splendid promise.

"REPORTS from the States," Miss Abbott says, "show that during the fiscal year 1927, in forty-four states and the Territory of Hawaii, 1,808 combined prenatal and child-health conferences were held, 21,347 child-health conferences and 3,231 prenatal conferences. The number of expectant mothers reached through conferences, literature, home visits and class work in the thirty-eight states reporting on this subject was approximately 161,000. The number of infants and pre-school children reached through similar efforts to promote their welfare and hygiene in thirty-nine states reporting, and Hawaii, was approximately 1,034,000. The number of counties having maternity and infancy work in forty-four States and the Territory of Hawaii was 1,884."

"The period of coöperation is too brief to demonstrate the final value of the activities," Miss Abbott believes. "In many states the work has been of state-wide educational character and the results will not be generally demonstrated by reduced infant and maternal mortality rates for a number of years. In states which have had intensive programs in limited areas, however, definite results can already be shown. For example, in a group of counties in central Wisconsin in which infants were examined at infant-welfare centers, the average rate was 57.8 for a four-year period (1923 to 1926, inclusive), as compared with 65.9 for the years 1919 to 1922, before the work was initiated. In similar counties in central Wisconsin where itinerant conferences were held but intensive work was not done, the decline in infant mortality was less—from 73.5 to 68.2."

That maternal mortality rates can be reduced is indicated by the example of Maryland, where work has been carried on in all sections of the State outside of Baltimore, and where Miss Abbott points out the maternal mortality rate shows an average annual reduction since 1921 of 8.9 per cent for the white and 3 per cent for the colored race. The infant mortality rate in Maryland has likewise decreased.—From the Children's Bureau Report.

Religious Sisterhoods and Professional Development in Nursing

An Editorial from "The I. C. N.," October, 1927

THERE is no doubt as to the great influence religious sisterhoods have had and still have upon developments in nursing. The history of nursing tells us of the hundreds of thousands of splendid women who, through the last two thousand years, have given devoted service, frequently under the guidance of highly gifted leaders, many of them now being known to us as nursing saints. The high standard of nursing as compared with medicine, from the fifth to the seventeenth century, was indubitably due to the religious sisterhoods. In the period of decadence in the following two or three centuries it was frequently the sisterhoods, Roman Catholic and Protestant, that took the lead in trying to improve conditions.

During the enormous development of science since the days of Florence Nightingale, religious regulations and binding traditions have to some extent prevented sisterhoods in some countries from rapidly following modern methods. At the present day this is especially true in countries where there are no lay nurses, or only a small body of them, to provide the necessary stimulus by some kind of competition.

It is interesting to note what a tremendous difference it makes not to be bound by tradition. Let us, for instance, look at conditions in the United States of America, where tradition is exceptionally limited in its influence and where there are thousands of members of religious sisterhoods who are occupied with nursing. In order to be allowed to nurse sick persons other than those belonging to their own sisterhood, state registration is necessary for the members of sisterhoods as well as for lay nurses. Several of the states in the United States have been among the first in the world to introduce state registration, and nurses there have, therefore, been under state regulations longer than in most countries. The great thing is that in the United States members of religious sisterhoods in several states have been appointed members of state boards of nurse examiners; at present the presidents of two of the boards are members of sisterhoods. Still more important is the fact that members of sisterhoods not only have joined the state nurses' associations, and through them the American Nurses' Association, but they have acted in some instances as members of the board of directors of the state organizations. In the yearly meetings of the National League of Nursing Education we find the Roman Catholic and Protestant sisters taking active part with the lay nurses in the discussion of their common problems, and in the pages of the *American Journal of Nursing* there are weighty contributions from members of sisterhoods.

The new countries of other continents have, like America, a rapidly growing number of sisterhoods, not least South Africa and Australasia. Though the sisterhoods are working hard to come up to the standards of the lay nurses, in many cases with great success, they are not as yet, as they are in the United States, shoulder to shoulder with the lay nurses in trying to overcome common problems.

It is natural to expect people in Europe to be bound by tradition and custom more than anywhere else, but

as far as coöperation between sisterhoods and professional nursing organizations is concerned, there are countries here just as progressive as the United States of America.

In 1923, in Denmark—a country as homogeneous in regard to population and religion as the United States is heterogeneous—the only two large Protestant sisterhoods of the country made an arrangement with the Danish Council of Nurses whereby, after having made certain improvements in their methods of training, their nursing sisters should become members of the Danish Council of Nurses. One deaconess from each motherhouse has since then been on the General Committee of the Council.

In 1922, when the Conseil de Perfectionnement des Écoles d'Infirmières in France was appointed by the government to draft state regulations for nursing, a nun belonging to one of the religious orders was made a member of that committee. The professional Nurses' Association of France, which was only founded in 1924, has been joined by members of not less than ten Roman Catholic sisterhoods, and two nuns are on the Governing Board of the Association, one of them acting as vice president. A number of deaconesses have joined the Association individually.

As far as we know, no other European country has members of religious sisterhoods in their national organization. We have reason to trust and believe, however, that we are moving fast in that direction as we consider what is going on in a number of countries at present. Central and Eastern Europe is not lagging furthest behind. In Czechoslovakia, for instance, fifteen nuns took the course of training in 1923–25, together with the lay students in the State School of Nursing in Prague; in 1925–27 five nuns took the course in the same school. The nuns worked with and under the same conditions as the other students, except that they lived in their convent and took their meals there.

In Germany, a Protestant sisterhood, which was established in 1894, has trained not less than 9,000 young women in nursing, requiring a full secondary education for admission. It has arranged courses in the best possible institutions of the country and provides refresher courses for its trained members. The same standards and principles have been accepted by a few smaller sisterhoods since established. The sisters thus trained are scattered all over the country setting an example for others to follow.

It is always dangerous to a vocation if a group of those practising it have lower standards than the rest, in general as well as in professional education, for it tends inevitably to delay progress. The formation of an organic unity—a harmony in which the various sections of those practising nursing are not simply not in conflict with one another, but actually support each other, each realizing that the other's welfare is her own—should be our aim both nationally and internationally. Each group or society, religious or otherwise, has its particular contribution to make, something in which it is specially strong and which is necessary to enable the whole to reach its fullest development and be of the greatest usefulness to humanity.

An American Nurse in Beirut

By Mabell S. C. Smith

AGNES EVON, Director of the Nursing Service of Near East Relief in Beirut, Syria, beloved by all the refugee women and orphaned children who have come into her care, has just succeeded in an undertaking that has been dear to her heart ever since she first came to know the needs of the city. She found that there was no maternity service for the women in the Armenian refugee camp, so she enlisted the interest of

Agnes Evon

American and British women living in Beirut and with their aid raised enough money to construct a small Maternity Hospital.

The building has recently been opened and, even before its doors swung wide, applications came fairly rolling in. No one who can afford to pay a fee is received; it is for the truly needy. The location has been discreetly chosen. It is close to the Clinic and the Day Nursery maintained by Near East Relief. This situation permits the nurses on duty at these stations also to work in the new Hut. The cost of ten days' medical and nursing service is about $5. Three patients a month are scheduled for each bed, so the upkeep is calculated at $15 a month. It is chiefly supported by the Beirut Relief Committee and is under the direction of the Near East Relief medical staff. Miss Evon says:

> When you realize how much good a small amount of money can do, it is pathetic to think of the suffering that comes from the lack of it. These women have been at the mercy of ignorant midwives, and their health and the condition of the babies has been seriously affected by the lack of skilled care that might have been given them at little expense.

The hospital is unpretentious, but fresh and sparklingly clean. The sun shines through blue and white curtains, and each baby has its own residence in a market basket resting beside his mother's bed. The nurses, native girls trained in mission hospitals, are deft and sweet-natured. They take pride in their work and also in imparting simple details of hygiene and sanitation—information valuable to the women after they return to their bare homes in the camps.

Miss Evon, who has brought this to pass, has had a life filled with interesting and exciting experiences. Born in Detroit and trained at the House of Mercy at Pittsfield, Massachusetts, she had a wide nursing experience before she turned her steps to the Near East. She was a Navy nurse; she took care of crippled children in New York and disabled veterans in Washington; she served with the Red Cross in Washington and in Paris. Then she went to Czecho-Slovakia, and her life began to take the color of the Orient. She had gone down into Constantinople and was delighting in the movement and strange sights of this glamorous city when news came of the Smyrna disaster. The American organizations in Constantinople at once sent a medical unit consisting of a

doctor and two nurses, Miss Evon one of them, on an American destroyer to the scene of suffering. In that inferno of flame and death she saw hideous, incredible sights, and worked at her task of human salvage with a strength that seemed granted by special dispensation from on high.

With Smyrna stamped indelibly on her memory, it was natural that she should want to continue working for the survivors. That she did in Athens with the American Women's Hospitals during the year when every tramp steamer that could move without sinking came in overloaded with refugees and what pitiful belongings they could bring with them. There was more than plenty to do, a wealth of experience to be gained and a technic of social service to be acquired in helping these unfortunates.

Greece was not the only place where there was such need. Beirut had its refugee camps, its orphaned children, its problems of widowed mothers struggling to support their little broods. Miss Evon became Director of the Nursing Service of Near East Relief. Here she found a great outlet for her activities and her sympathies, and proved herself a superlative executive. The Maternity House is the latest of her deeds of mercy.

Insignia of American Hospital Association

Shield: Quartered by Lorraine Cross in horizon blue, surmounted by an eagle poised for flight and flanked by maple leaves, both in gold; and placed in medallion with the words "American Hospital Association" on a scroll around lower circle under shield. When used by others than the American Hospital Association, the Latin phrase *Nisi Dominos Frustra* should be substituted for American Hospital Association and both the eagle and the maple leaves may be omitted.

Upper Right Quadrant: The Maltese Cross in cream white on a maroon red background.

Upper Left Quadrant: Rod of Aesculapeus in maroon red on a cream white background.

Lower Right Quadrant: Greek Lamp of Knowledge in maroon red on a cream white field.

Lower Left Quadrant: Greek Cross in cream white on a maroon red field.

Detail of Components of Emblem.—Lorraine Cross: Used since the ninth century as an emblem depicting relief to the unfortunate. Since 1902, adopted as the international emblem for those engaged in combating tuberculosis. In red, it is used exclusively by the National Tuberculosis Association.

Rod of Æsculapeus: Æsculapeus was the mythological patron of physicians and according to tradition this god of healing assumed the form of a serpent and he was therefore often depicted as leaning upon a knotted rod or staff, around which a serpent is entwined.

Maltese Cross: Emblem of the Knights of Malta and St. John engaged in the relief of suffering, was adopted by the Knights of St. John of Jerusalem in A.D. 1092. It has been used continuously for several hundred years as the insignia for the St. John Ambulance Service.

Geneva or Greek Cross: The international emblem for the relief of the sick and wounded. May be used in any color excepting red.

Urn Lamp: The Greek Lamp of Knowledge, adopted as the insignia for the Nightingale nurse.

American Eagle: Symbolizes the United States.

Maple Leaves: Symbolize Canada.

"Nisi Dominos Frustra": Unless the Lord be with us, all our efforts are in vain.—From the *Bulletin* of the American Hospital Association, October, 1927.

Helpful Suggestions

Removing Cork from Inside of Bottle

If a cork falls inside of a bottle, put enough stronger ammonia in the bottle to float the cork, and set aside for a few days. The ammonia will either eat or destroy the cork enough to permit its removal.

Twine Holder

A handy twine holder is a small funnel suspended in a convenient place. Place the ball of twine inside and run the end of the string through the funnel end.—From *Navy Hospital Corps Quarterly.*

Clinical Demonstration in the Teaching of Nursing

By Sister M. Therese, R.N.

AMERICAN generosity likes to do things, not to talk about service to humanity. Much in the same manner, nurses devote their lives to their noble, humanitarian profession. This is one of the reasons that impels us to put into the nurse's education only that which tends to its perfection. The teaching of nursing at the present time is, as we all realize, very different from what it was even ten years ago. Fitting the nurse of today to meet the ever-changing problems of tomorrow means, more than ever, molding her ability so that she may face and solve nobly whatever the future may hold.

In the distant past, this knowledge has been supplied too much by theoretical courses, courses which have pushed aside the more simple and accessible method of clinical demonstration. Theoretical courses are, of course, a vital preparation for clinical work; they supply facts and inculcate the underlying principles which must be the motive of a nurse's action. In order to render these effective and concrete there must be a definite and correlated method of study. Today's short hours, high standards, and desire for specialization, make the need for intensive and scientific study more evident than ever.

Clinical demonstration, in order to be effective, requires very careful preparation. Every detail entering into the demonstration should be thoroughly planned and carefully analyzed. The class arrangement, the atmosphere created, the presentation and development of the lesson, all should be such as to stimulate interest, attention, and thoroughness. Unless manual skill is displayed in an educational environment and is the outgrowth of the principles taught in the classroom, the work will be dry and uninteresting. The making of a bed is in itself just "work," and work to most of us is distasteful, but if we introduce this bed-making by a few well chosen words, emphasizing the hardship it is for a person physically ill to have to lie in the narrow space of a bed for twenty-four hours of the day, and the torture that a wrinkle in the sheet may cause to an already sensitive skin, we shall arouse a mental picture that will stimulate the nurse to put forth her best efforts.

It is easy to see that for clinical demonstration, small informal groups should be chosen and free exchange of ideas encouraged. The material used should accord with previous knowledge and ought to be so arranged as to form a sequence based on ideas already received. Since first presentations control the assimilation of subsequent ideas, the new subject matter should be so presented as to form the central idea, interlacing it with the old, and projecting it into the new. For instance, a few weeks ago, in one of our classes, the topic of discussion was, "Methods of Restraint." As there was, at that time, in our pediatric department, a child on a Bradford frame, we called the attention of the students to it and had them see the case. One student wrote a paper on the use of a Bradford frame and read it to the class at the next session. She emphasized especially its advantages in cases similar to the one she had seen, where the child was suffering from a congenital tubercular spine.

All demonstrations should be preceded by a discussion. The student should be familiar with the purpose of the treatment to be given, its effects, and the method of preparation and administration. This awakens keen interest and arouses a necessary curiosity. The practice hour should, moreover, immediately follow the demonstration in order to strengthen the impression. Too much time should not be spent in the demonstration room; the presentation of the actual case is much more impressive. The nurse who has seen a case of poisoning by carbolic acid will remember it long after it has been forgotten by the nurse who only heard it talked about. Seeing the patient, pointing out the symptoms taught, examining the chart and laboratory findings, fix the picture in the student's mind.

In clinical work, careful supervision is absolutely essential, otherwise wrong habits may be acquired and the work of the classroom entirely undone. Following clinical demonstration, it is beneficial to have the student write out her observations and difficulties. This gives the teacher a very clear idea of any point she may have failed to stress and of any wrong impression received by the student.

A finished demonstration should be a work of art, sufficient to arouse the student to admiration and to arouse in her a desire to perform it in a similar manner. Much stress should be laid on the responsibility of a student. When a task is assigned to her, no matter how elementary it may be, she must be made to feel that she, and she only, is responsible for its perfect performance. Not that mistakes will not occur, but these mistakes, while not desirable, are, in themselves, an important part of teaching. They give the student a chance to show her initiative or her lack of it, and her ability to adapt herself to unusual circumstances. They also stimulate a creative and constructive attitude, and display the student's accuracy of observation. There is danger, in clinical demonstration, of presenting a situation that is too ideal, of selecting material and appliances that forbid a mistake, forgetting that it is only in a few situations in life that we meet with the ideal. The equipment used should be, as far as possible, the same as is used generally in the hospital, and this should be as simple as possible. Simplicity in work and equipment makes for accuracy and thoroughness.

To promote efficiency and uniformity a standard method of treatments should exist in every hospital. A mimeographed copy of these regulations should be kept in each department, so that a nurse in her rotation of service will not have to learn a dozen different ways of accomplishing a single nursing procedure.

In fact, it would be a distinct advantage if the National League of Nursing Education would select a group to establish a standard method for simple nursing procedures. This group in coöperation with representatives of the various hospital associations could study the possibilities of establishing such a standard. It would mean the saving of much time to nurses, the elimination of much embarrassment and oftentimes the removal of discouragement to the young student nurse. It would mean especially better care for the patient and a definite mode of procedure in our schools for nurses. In the near future, when our schools are graded, we shall have to do it. Why wait till we are compelled to do it? Should we not lead instead of follow?

Early Diagnosis of Tuberculosis

Nurses Can Give Powerful Aid to the Campaign of the National Tuberculosis Association

By Philip P. Jacobs, Ph.D.

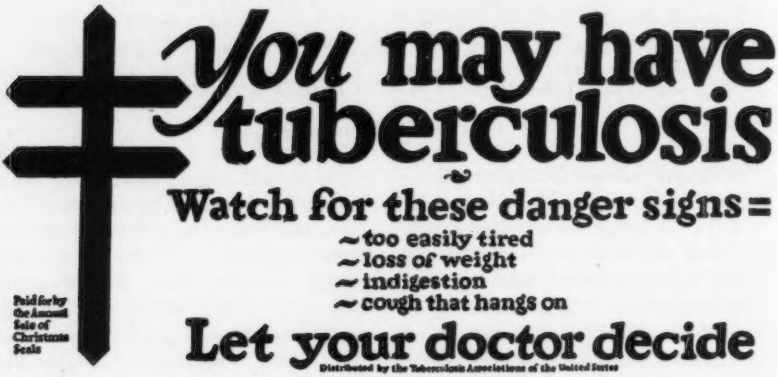
THE prevalence of tuberculosis among nurses is a serious problem. During the training school period and the first years of nursing that follow, it has been found that too great a number of young women have tuberculosis. Nearly two-thirds of *all* the deaths from tuberculosis occur between the ages of 15 and 44, the period of life when persons are of the greatest economic value, both to themselves and to the country. Between the ages of 15 and 25 in the United States, the mortality rate for females is 49 per cent higher than that for males. Student nurses and young nurses are included in this age group and there is a need for ascertaining just what the death rate among nurses is.

The early symptoms of tuberculosis are often present for some time before they are diagnosed as tuberculosis. A recent census of patients in tuberculosis sanatoria in the United States shows that only 16 per cent enter as early cases. That disease may frequently get beyond control simply because the general physical health has not been watched.

If nurses are to develop a sensitiveness to the symptoms in their patients, they must be able to catch their own first danger signals. The ordinary routine life of the nurse calls for unusually sound health. Add to this the extra demands of twenty-four hour duty, or night duty, or an exceedingly difficult acute case of long duration, and undue weariness is bound to result. Then when one is work-tired, it is a temptation to play hard in the desire for relaxation. Late hours, excessive dancing, or other too strenuous recreation will all lead to one's becoming play-tired, too. The normally healthy person can work and play hard and feel a temporary fatigue that will disappear with rest. Fatigue that cannot otherwise be accounted for, however, is one of the first warnings of tuberculosis. The physically exhausted person is more susceptible to cold germs and may develop a cough that hangs on. If a cough lasts for over three weeks, a doctor should be consulted at once. Loss of weight and persistent indigestion are two other early symptoms of tuberculosis and the doctor, only, can decide whether or not any of these warning signs indicate tuberculosis.

It is to remind people of their responsibility in catching early symptoms in time, that the National Tuberculosis Association and its state and local associations are conducting, in March, 1928, an Early Diagnosis Campaign. Specific emphasis on the early symptoms of tuberculosis is stressed at this time, rather than urging general health examinations, because it has been felt that a new generation, untouched by the old educational messages, has arrived. Failure to report tuberculosis to the proper health authorities and the discovery that tuberculosis is not, in most instances, being discovered early are two other important reasons for deciding to concentrate on the early diagnosis of tuberculosis.

A twenty-four sheet poster for billboards, a smaller poster and a posterette, circulars and two motion pictures, one for lay audiences called "Delay is Dangerous" and the other



for physicians, "The Doctor Decides," will be available. The American Medical Association will help the campaign by articles in its *Journal*. Newspaper and magazine publicity, car cards, and health talks among various groups of people will also be part of the organized campaign. All this publicity will be financed out of the proceeds of the Christmas seal sale.

The united coöperation of nurses, doctors, and all health workers will help to concentrate public opinion in March on the danger signs of tuberculosis.

Kings County Medical Society Confers Unusual Honor

ELIZABETH STRINGER, Executive Director of the Visiting Nurse Association of Brooklyn, has been elected to associate membership in the Medical Society of Kings County, being the first executive of a nursing organization so elected by any county medical society in the United States, according to an announcement by the Association.

She was selected, according to Dr. John E. Jennings, Chairman of the Committee on Nursing, "not only because, as an individual, she has something to contribute to medical and health work in the community, but also because, as head of the Visiting Nurse Association, she stands as representative of a type of work essential to adequate medical care and health protection."

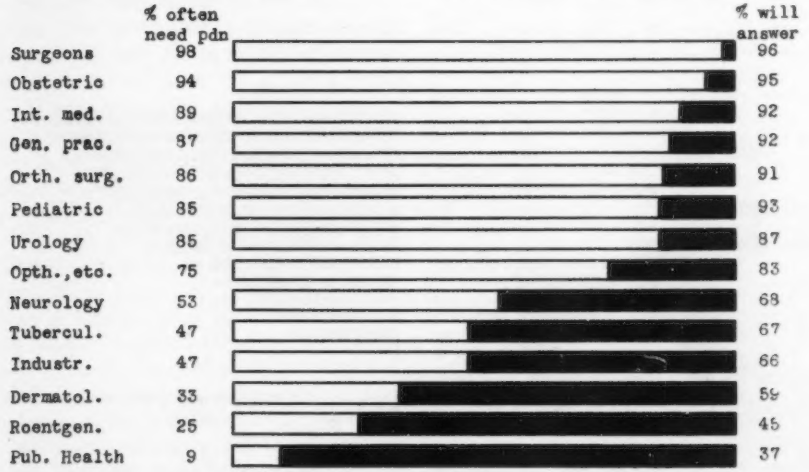
Dr. Alec N. Thompson, Secretary of the Public Health Committee of the Medical Society, commenting on the work of the Association, said: "The visiting nurse, as an individual, working through her organization, is a direct descendant of the friendly neighbor who helped the physician in the care of his needy patients in days gone by, when work was more individual. She represents the human factor in community health and medical work today."—New York *Times*, September, 1927, quoted by Long Island College Hospital *Nurses' Alumnae Quarterly*, December, 1927.

Red Cross "Loan Cow"

THE Greenville, S. C., Chapter of the American Red Cross owns a "loan cow" which it lends to poor families throughout the county who are in need of milk. The cow was procured some time ago when there was reported a pitiful case of an entire family destitute and suffering from pellagra. Milk was essential to their recovery, and a cow was bought by popular subscription, to be owned by the Chapter and loaned to the family. Since the recovery of the pellagra victims, the cow has been loaned to other needy families, and has been found to be an asset in the relief work of the Red Cross Chapter which is the only organized relief agency functioning throughout Greenville County.

The Grading Committee Asks the A. M. A.

NINETY thousand doctors, all over the country, are being asked first, how often they need private duty nurses in their own practice, and, second, whether they will coöperate with the Grading Committee by answering questions about their recent experiences with private duty nurses. Over 20,000 replies have already been received and tabulated and additional numbers are delivered daily. The two diagrams in this article are based on these replies.



Per cent of MD's in each specialty who say they often need private duty nurses, and who say they rarely or never need them. The column at the end of the bars shows the per cent of each group who agree to answer questions as to their experience with private duty nurses. Based on 20,073 replies so far tabulated by the Committee on the Grading of Nursing Schools

One diagram shows a series of bars for the different medical groups. Each bar is equal in length to 100 per cent. The white portion shows the per cent who report that they often need private duty nurses, and the black portion the per cent who rarely or never need them. At the top of the list come the surgeons, 98 per cent of whom frequently need private duty nurses; next come the obstetricians, with 94 per cent, and so on down to the doctors in the public health field, with only 9 per cent.

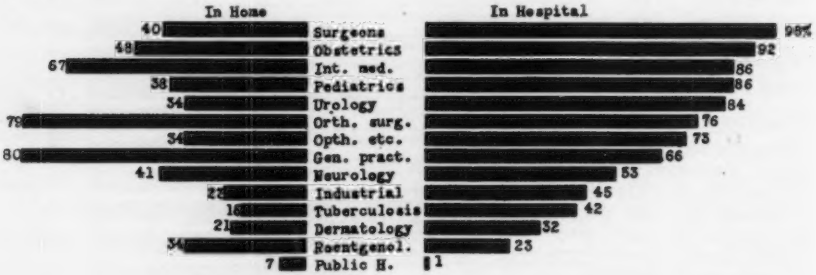
At the opposite end of the bars are figures showing, for the same medical groups, the percentage of doctors who have promised to answer the questions of the Grading Committee. The figures show that 96 per cent of all the surgeons who reply agree to answer questions, 95 per cent of the obstetricians, and so on down to 37 per cent of the doctors in the public health field.

For all the doctors together, 84 per cent report that they frequently need private duty nurses on their cases and 89 per cent promise to answer questions asked by the Grading Committee.

These are encouraging figures in themselves, and the returns are even more interesting when the two columns are compared; for it will be seen that the promises to answer decrease

in very nearly the same order as the need for nurses. In other words, doctors who do not want to answer the questions of the Grading Committee about private duty are, in general, those who have least contact with that branch of the nursing profession. Many of them write: "I should like to be of help, but doubt whether my judgment would be of much value." Those, on the other hand, who write that they are constantly in touch with private duty are almost unanimous in their cordial willingness to coöperate in the studies now under way.

The second (or "bat wing") diagram shows, in its left wing, the per



Per cent of doctors in each specialty who often need private duty nurses in the home or in the hospital

cent of doctors in each group who report that they often need private duty nurses in the home; and in its right wing the per cent who often need specials in the hospital. It will be seen at once that there are marked differences between the groups.

These two diagrams suggest interesting comments. In the first place, it is cheering to note the hesitation to talk about private duty nursing on the part of doctors who do not know much about it, and the corresponding eagerness of those who do. Well over one-fourth of all the doctors to whom the preliminary inquiry was sent have already responded, and more returns are coming in every day. This is a much better return than we dared expect. Every state in the Union is represented, and the returns from each geographical division are closely in proportion to the number of doctors resident there. Moreover the returns are markedly cordial and coöperative. Many of the doctors write: "This looks like a valuable study. Please let me know more about it." Most doctors have never heard about the Grading Committee, and are just beginning to learn about it through this work.

In the second place, the two diagrams suggest reasons for the constant discussion of nursing problems in medical circles. In most of the specialty groups, the percentage of doctors reporting that they frequently work with private duty nurses on their cases is surprisingly large. Such doctors must unquestionably be interested in problems of nursing education, supervision, and employment, because whatever happens along these lines in private duty has a direct and important bearing upon the success of the doctors' work. The surprising thing is that there is not more medical discussion along these lines than less!

The "bat wing" diagram also shows that some of the specialties have much more frequent occasion than others to

call on private duty nurses in the home; while other specialties seem to concentrate on hospital service. If it is true (and there is reason to think it is) that registries find it easier to supply good special nurses for the hospital than for the home, one can pick out at once in the diagram several groups of doctors who would suffer most keenly from that condition. Might they, perhaps, be readily enlisted to serve on boards of modernized registries; or to help establish hourly nursing?

In the other wing one finds certain specialties particularly apt to employ special duty nurses in hospitals; and one begins to wonder whether they might not prove helpful allies in instituting experiments along the lines of group nursing; or perhaps in stimulating a demand for the greater employment of competent and well educated nurses on general duty.

The diagrams indicate, and the reports in the office show, that the members of the American Medical Association are interested in learning more about the work of the Grading Committee; that they are glad to coöperate with it; and that their cordial response is based upon a strong and apparently legitimate interest which they already have in the problems of private duty. Doctors are going to continue discussing nursing. Most of them must discuss it, because it so directly affects their own professional work. By thoughtfully analyzing the nursing problems peculiar to the different medical specialties, it would seem possible for local nurses to get together with doctors for discussion and constructive experiment which should lead to much better mutual understanding, and eventually be of lasting benefit to doctors, nurses, and patients alike.

Rules for Increasing Personal Power

"1. Believe genuinely and quietly but not pompously in your real abilities, and don't let anybody say those abilities don't exist if you know they do.

"2. Lift your task up until it becomes a cause which engulfs your selfishness and includes other people in the circle. Spiritualize that thing. If anybody belongs to a profession that can't be so spiritualized it is an unworthy profession.

"3. Go every day on the deep adventure into knowing more and more about the task you are at, so that you shall remain perennially young in your discovery. There is no such abutment, there is no such reinforcement, for personal power as the indescribable charm that comes out of the youth which is persistent because of constant discovery, constant delving, constant adventure in your task, making your task so deep and so dear and so wonderful that it is to you a constant surprise, a constant engaging challenge. I think that is the deepest and best thing in all this cultivation of personal power."—From "A Study in Personality," by F. D. Slutz, an address given before the Ohio State Association of Nurses, Dayton, April, 1927.

Many Southern High School Graduates Go to College

Nearly half the graduates of accredited high schools in the southern states enter colleges. The average for the schools accredited by the Association of Colleges and Secondary Schools of the Southern States is 48.2 per cent, according to Dr. Joseph Roemer, secretary of that association, in an article in *School Life*, a publication of the Interior Department, Bureau of Education. More than two-thirds of the accredited high-school graduates in South Carolina continue their studies in higher institutions, and even in Louisiana, where the proportion is lower than in any other southern state, the corresponding percentage is 39.1. More girls than boys attend high school, but the boys who go to college outnumber the girls.—Bureau of Education, Washington, D. C.

Who's Who in the Nursing World

EACH state has its own professional color guard, the group which has steadily carried forward the banner of nursing progress. Very often these stalwart "defenders of the faith" are not widely known. Such a one is Grace P. Haskell of New Hampshire.

Of native American stock, Miss Haskell was born and educated in Maine and was graduated in nursing from the School of the Maine General Hospital in Portland. After holding various administrative positions at her Alma Mater and elsewhere, she became Superintendent of Wentworth Hospital and Training School, Dover, N. H., a position which she has had for more than twenty years.

A charter member of both the State Association of Graduate Nurses and the State League of Nursing Education, Miss Haskell has been honored by election to the highest office within the gift of each. She is very active in Red Cross work functioning as member of both state and local committees in nursing service and also on the executive board of the Dover Chapter, American Red Cross. In addition to all of this, Miss Haskell has been, for ten years or more, a member of the State Board of Nurse Examiners. Probably it is because of Miss Haskell's very real administrative gifts that she has been able to ally herself so definitely with most of the professional activities of her state.

LXXIX. GRACE P. HASKELL, R.N.

Economic Status of Doctors

NOW, what about our economic status? How do we manage what Herbert Spencer called "the imperious necessity of making a living?" That subject is, through necessity, in the back of the heads of all of us a good deal of the time and is, in one form or another, not lacking in our informal discussions. I am emboldened to believe, therefore, that it is a topic of interest to all of us. How do we rank in the community, considering what we have a right to expect, in making a living—in our economic situation? I believe—and I fear that I am a heretic on the subject—that on the whole, a larger proportion of us make a comfortable living than of most men of the same social order. Taking physicians as a group, it has long seemed to me that the average doctor is about as sure to have a comfortable living, for the community that he is in, as any man in it. He does not get rich, but no more does he starve. He usually fulfills the scriptural ideal of neither great riches nor great poverty. He and his family have their share of comforts and advantages. We are prone to deny this fact, but if we will look around and compare the doctors generally with men of equal capacity and opportunity in other walks of life, I think we cannot deny they are as well off on the average as any of them.—From "The Social and Economic Situation of Physicians," by William Allen Pusey, Chicago.

Editorials

Coöperation

FEW words are so overworked as "Coöperation." It might also be said that few are so misunderstood. Certain it is that coöperation does not appear, like manna to the Israelites, because of need. Coöperation comes about only after a need has been recognized and means of satisfying it have been thought out. Coöperation is the result of understanding.

In the summary of desirable aims for 1928 in our January number, it was clearly shown that throughout the country there exists a definitely felt need for community understanding of nursing programs. In this issue we publish two articles that should be helpful in securing that understanding. "Breaking into the News" gives the rules for newspaper publicity which are everywhere observed; and the newspapers are potentially the greatest of all educators. Nursing is full of drama and teeming with interest. It has never been adequately presented to the public because, in the profession as a whole, the modesty of the cloister still clings to prepared statements, and dramatic episodes have been subordinated to statements of fact. Also we have been almost wholly unaware of the technic of journalism. If the article is wisely used by the publicity committees of our local organizations, there will be less unhappiness because "the newspapers won't use our stuff," and there will be a growing understanding of the aims and the service of our youthful profession.

Mrs. Winslow's pithy "Those Lay People" is even more specific in its recommendations because limited to a selected group. "Educating the board" is an exceedingly important duty of every director of a nursing service whether the service be within or without hospital walls. Good board members are not born, they are made. They are made out of the fine fabric of interested, intelligent citizens who have spent many, many hours in study and conference with intelligent nurses, nurses who appreciate the fact that nursing is an enormously, a vitally important social service. The development of nursing must be guided by nurses, but more and more it must draw upon all the social and intellectual forces of the communities in which it operates if its educational and functional programs are to have needed support in serving the public in ways which are efficient, economical and genuinely satisfying to nurse and public alike.

State Secretaries

"PLEASE tell us the difference between the duties of a state secretary and the secretary of a state board of nurse examiners?" Probably the question arose because in a few states one nurse holds both positions.

The duties of the secretary of the state board of nurse examiners have to do solely with carrying out the provisions of the nurse practice act. The method of selection is determined by the terms of the law. Frequently the members of the board of examiners are appointed by the governor of the state from an approved list presented to him by the state association. The board thus appointed chooses its own officers unless otherwise prescribed by law. Regardless of where the appointive power lies, the members of state boards of nurse examiners should never permit themselves to forget that

there would have been no laws for the registration and licensing of nurses, and therefore no positions as secretaries or examiners or educational directors, had the state associations not worked ceaselessly to secure the laws. The moral obligation to report to, and to work with, the state association for the advancement of nursing is perfectly clear. In most states it is accepted without question. It is a tragic fact, however, that occasionally such positions fall into the hands of politically-minded job holders who are wilfully blind to the obligation, and who have not the best interests of the profession and of the public at heart.

The secretaries of the state associations are careful to refer to the state boards of nurse examiners any question that may come to them in regard to the licensing of nurses, infringements of the law and the conduct of schools of nursing. They deal with problems of state, district and alumnae organization. They plan programs and organize institutes. They are alert to the needs of the registries. They give vocational guidance to unsatisfied nurses. They befriend the lonely and succor the weak. They are a very present help in time of trouble.

The office of the secretary of a state association is really a bureau of information on nursing. In some of the states, Pennsylvania and New Jersey for example, the two offices are in one building, and the closest type of coöperation is possible. Even where they are separated by a considerable distance, as in New York, where the board of examiners is in Albany and the state association has its office in New York City, coöperation of a high order is possible. Probably there will always be a degree of confusion in the minds of some individuals. There should be none at all in the minds of the secretaries. Each is doing an exceedingly important piece of professional work which should dovetail into the work of the other without friction and without gaps.

Libraries Lack Nursing Literature

NATIONAL Headquarters has been discovered by student nurses. Each day brings its quota of questions from them to one or more of the offices, for they have learned that they can secure help. And that is as it should be. Headquarters exists to help nurses and, therefore, by implication, students of nursing. Sometimes the questions deal with practical problems. More often they have to do with the search for reference material needed for class work. It should be possible to find the answers to most of the questions in the libraries of schools of nursing or in the public libraries.

The inquirers write that they find nothing in the public libraries pertaining to nursing! Most librarians are eager to follow any lead that will increase the service of the library. If an otherwise good public library has "nothing on nursing" it is highly significant. It means that nurses have not expected it to have material on nursing. Why? Do nurses not read? Probably not as much as they would like to do, because they lack the time. Nevertheless they do read and they should not expect to have more than a carefully selected personal library. The literature of the profession is too voluminous for many individuals to house, even though they may have the means to purchase the volumes as they come.

The experience at Headquarters is substantiated by the American Nurses' Association field secretaries. Miss Clapp, when in the field, has consistently urged nurses to stimulate their

libraries to put both professional magazines and books on their shelves. Miss Deans reports making many visits to libraries, usually only to find that nursing has no place in the stacks or in the thinking of the librarians.

Nursing has a legitimate place on the shelves of our public libraries. It can be put there if nurses really want it. State associations might very profitably appoint small committees to approach state libraries on the subject of placing an adequate number of carefully chosen books in circulation. The bulletins of the associations could give space to announcing the service and, at intervals, to encouraging its use. District and alumnae associations have golden opportunities for securing definite local assistance.

The Standard Curriculum is replete with suggestions for reference and textbooks. The National Health Council Index is a splendid guide to periodical nursing and health literature. National Headquarters, we repeat, exists to help nurses, but it does not have a loan library. It is unfortunate, if not actually unfair, that the libraries in schools of nursing, a subject we have dwelt upon before this, and the public libraries are so poorly equipped to give nurses, whether student or graduate, the material which is so absolutely essential to sound professional work. Nurses are public servants. They have a right to expect that needed educational tools shall be available for use. They must, however, express their needs in the proper quarters if any constructive action is to be brought about.

Two Valuable Bulletins

SIMULTANEOUSLY from the Department of Nursing Education at Teachers College and the Yale School of Nursing appear interesting bulletins. That from the Department of Nursing Education will be published twice yearly. Subscriptions may be sent to the Bureau of Publications at the College. To quote Miss Nutting, it is to be "a journal hospitable to new ideas, generous in its encouragement of all study and experiment which holds promise of enlarging our knowledge of our work, vigorous and fearless in criticism, particularly of ourselves." This first number contains explanatory editorials, and "Developments in the Department." The keynote of a section on "Experiments and Studies" is struck in Louise Metcalfe's article beginning, "What is Research?" which is followed by reports of half a dozen pieces of new work in various parts of the country.

The *Yale Bulletin* is a monograph, a single unit of illuminating and important research, "A Time Study of Nursing Procedures Used in the Care of a Variety of Surgical Cases," by Margaret Tracy. Results are set down in clear, practical, usable form. For example, for a woman's surgical ward, the "average number of minutes of nursing care per patient, per day, 149 minutes; or 2.5 hours per patient" for the 12-hour day. Some of the conclusions will influence future planning of ward service and equipment. It is hoped that the study will stimulate discussion of the method of research employed.

This bulletin, like the Nursing Education subscription, costs one dollar. Each is worth more! It is the plan of the Yale School, when studies under way have been completed, to publish later bulletins on "Case Study and Orthopedic Nursing."

Our Contributors

On the Pacific Coast, last summer, one frequently heard the eager anticipatory statement "The Winslows' are coming for our Institute," proof positive that **Anne R. Winslow** is not only wife but co-worker with her distinguished husband, Professor C.-E. A. Winslow (Yale), in the cause of public health. Those who are not aware of Dr. Winslow's attitude toward nurses should read "Public Health Nursing" in the *Forum* for November. Mrs. Winslow is the forward-looking president of the New Haven Visiting Nurse Association.

Margaret McGregor, R.N., Superintendent of Nurses at Gillette Children's Hospital, St. Paul, with her colleagues, succeeds in surrounding her patients, who are wards of the State, with affectionate and efficient care of a high order.

Konrad E. Birkhaug, M.Sc., M.D., who is Assistant Bacteriologist in the new School of Medicine at the University of Rochester, has given us a manuscript of rare beauty that will edify every reader of the *Journal* and quicken the pulses of those whose minds have already begun to follow the arduous and alluring paths of research in nursing.

Lillie A. M. Bennett, B.S., R.N., and **Elizabeth Stringer, R.N.,** Superintendent of Nurses of the Children's Hospital, Milwaukee, and of the Visiting Nurse Association, Brooklyn, respectively, are in fundamental agreement on one point, namely that existing resources must be used to their utmost to provide teaching in Pediatrics, a vitally important branch of nursing.

Mrs. Bolton's influence on nursing is immeasurable. One finds it in the activities of N. O. P. H. N., in a maternity center in the mountains of Kentucky, in the School of Nursing at Western Reserve University. Nowhere is her bright spirit more definitely shown than in the gracious home for student nurses on the campus of Western Reserve which bears her name and which is described by **Dean Nellie X. Hawkinson.**

Dr. Woodard Colby had subjected the new breast pump to every practical test before he wrote of its success for the *Journal.*

For twelve years **Margaret Galt Boise, R.N.,** has administered anesthetics at Johns Hopkins Hospital where she is now head of her department. She is a graduate of the Presbyterian Hospital School of Nursing (New York) and secured her training in the administration of anesthesia at the Mayo Clinic.

Mabel F. Huntly, B.S., R.N., had wide experience plus postgraduate work at Teachers College before she undertook the organization of the successful course in Philadelphia which she describes in this issue.

Norma Sauer Selbert, M.A., R.N., spent a year's leave of absence from her teaching at Ohio State University in residence in Nathan Smith Hall (Yale School of Nursing) and describes the life there in her article, "An Experiment in Self-government."

Dr. Ellicott is a true friend. He not only agreed to prepare "a compact statement on artificial immunization," but he prepared it at exactly the time promised. As we noted last month, Dr. Ellicott (M.D., Dr. P.H.) is epidemiologist of the City Health Department of Baltimore.

Statements to the contrary notwithstanding, college women are often interested in the actual care of patients. This point is well demonstrated by **Dorothy Brown, A.B., R.N.,** who is Instructing Supervisor in the University of Michigan School of Nursing.

We predict an eager search for preparation for positions in school nursing as a result of **Jennie MacMaster's (R.N.)** splendidly interpretative article.

Even so skilled a pen as that of **Mabelle S. C. Smith** cannot express the whole spirit of the work of Agnes Evon, R.N., in the Near East.

Sister Mary Therese, R.N., who is Instructor in the School of Nursing, Mercy Hospital, Chicago, well illustrates some of the points brought out in the editorial we quote, in this issue, from "The I. C. N."

Philip P. Jacobs, Ph.D., needs no introduction. He is publicity director of the National Tuberculosis Association, and managing editor of the *Journal of the Outdoor Life.* For twenty years he has been one of the leading tuberculosis workers in the country.

The title page and index for Volume XXVII will be sent on request to those desiring to bind their copies of the *Journal.*

Mental Hygiene and the Student Nurse[1]

BY ESTHER LORING RICHARDS, M.D.

SOME time ago, Miss Grey, then of the editorial staff of the *Modern Hospital*, asked me to discuss this topic, which I did in a paper entitled, "Adapting the Profession to the Nurse."[2] In that article I attempted to describe some of our efforts at the Johns Hopkins Hospital to bring student nurses face to face with facts of mental health. In 1913, when the Phipps Psychiatric Clinic was opened and became a part of the Johns Hopkins Hospital, our student nurses were given two months of ward duty on the psychiatric service, associated with twelve lecture-clinics on the academic side of psychiatry, and lecture-demonstrations in mental nursing. To this was added, after a time, nurses' ward rounds once a week by the resident physician, and weekly conferences of ward physician and nursing staff on the respective wards, thus giving each pupil nurse an opportunity to know something of the patients' individual difficulties and her own share in ministering to their treatment. All this was a good beginning, but we soon realized that the undergraduate nurse had need to approach mental nursing with a clearer idea about behavior in general and its integral rôle in the whole field of medicine. She needed some previous initiation into the practical components that go into the making of human activity; facts of constitutional endowment, the influence of nutrition, parental relationships, early habit-forming training in the management and guidance of fears and cravings and all sorts of instinct wants. Now experience has shown that merely lecturing on such matters is of little value to nurse or medical student. They take notes on the material, regurgitate it in blue books, but never apply it to their own mental life. Psychology textbooks do not discuss jealousy, hypersensitiveness, feelings of inferiority, reactions of discontent and discouragement in a way that forces you and me to sit up and take account of stock concerning these things in our own natures. Yet it is the mismanagement of such characteristics that makes us fatigued, and drab-minded, and depressed and bitter, and finally, perhaps, settled into a nervous breakdown that we excuse by saying that we are overworked. To stimulate the student nurse to do a little thinking about her own hygiene of mind, we instituted in our Johns Hopkins Training School program, in 1920, a modest course of ten lectures dealing with a few fundamental facts and principles governing behavior, and asked, as the student contribution, that each pupil nurse write an autobiographical sketch and simple personality study. In the paper of last March, appearing in the *Modern Hospital*, I outlined this requirement, and summarized some of the common adaptive difficulties which these nurses say they have to meet in their training school course; *cf.*, the feeling of

[1] The second annual lecture provided from the Annie W. Goodrich Lecture Fund, Teachers College, Columbia University, delivered at the Teachers College alumnae reunion, February 11, 1927.

[2] *Modern Hospital*, page 280, March, 1926.

abandonment of the individuality and identification with the mechanism of a great human machine; the monotony of a routine, uniformed, and squad-like existence; the difficulty of coordinating theory and ward work, both of which deal with a phase of knowledge and experience that is new and strange; the friction-rub of temperaments that is a commonplace in every life situation, but is particularly annoying in a large hospital environment where so many professional cases exist.

It is here that the bitterness and rigidity of many a student unconsciously takes root in a disillusionment born of petty bickerings, secret jealousies, and stubborn antagonisms which she silently witnesses at close range in those whose official personality seems clothed in idealism at a distance. The cheerful acceptance of even legitimate criticism from such sources is not easy, and often constitutes an emotional strain so obvious as to be recorded on the student's monthly ward report as "impudent and uncoöperative."

The ability to make a satisfactory adjustment to these and many other situations depends upon the kind of start which the student gets in life before she ever enters training. Not long ago a prominent surgeon who has a hospital of his own and employs only graduate nurses, was talking about the nursing service that he had to "put up with." Said he: "I prefer Canadian nurses. On the whole, they are better trained at home long before they ever take up nursing." He went on to say that they are more self-reliant, self-disciplined, and even, in their curve of productive service. "They are not so inclined to blame somebody or something outside themselves for their deficiencies." Without, of course, accepting this comparison, based as it was upon a small group of individuals, the remark is not without significance as a commentary upon certain tendencies that are present in the homes from which the adolescent comes. For example, 28 out of a class of 44 student nurses placed responsibility for their temperamental idiosyncrasies upon inherited traits which they felt more or less helpless about modifying. Stubbornness, sulking, sensitiveness to criticism, temper outbursts and moodiness that had shown a definite reactive effect upon their professional activity, were ascribed to inheritance from father or mother. They entered training with a background of home and school that had made allowances for their eccentricities. Many had left home to escape an environment that did not understand them. All of these students were high school graduates, a few had college degrees. I recall one such student, a university graduate, who had been found guilty of a violent explosive outburst against a simple ward patient who had interrupted some clerical work by ringing for a bedpan. Said this student, in discussing her conduct: "I've never been talked to like that in my life, and I don't intend to stand for it. She could have waited till I was ready to give it to her." Here was a student with a good intellect, imperfectly balanced by deplorable habits of emotional control. To her, "mind" was synonymous with brains, or gray matter, and good mental hygiene meant standing first in the class in practical and theoretical work. Her plans after graduating were to take postgraduate work, headed towards hospital administration. Here and there the maladjusted student stands out as does this one, but the majority jog along, complete their courses, and go out with only the surface of their personal adaptive difficulties smoothed over. For example, here are summaries of individual student evaluations derived from autobiographical

and personality sketches, together with training school records.

College graduate, mature, well balanced point of view. Should make an excellent nurse. Canadian.

A student who has many personal complexes to struggle with. Love of approbation is her dominant urge.

A quiet, conscientious person who finds it hard to grasp new ward work without worry.

Below the average in educational equipment, judging from her efforts in expressing herself. Impresses one as somewhat too old to develop much elasticity.

Diffuse thinker. Lacks method and orderliness in her reactions; earnest, conscientious, self-conscious, longs to be "popular."

Painfully self-conscious, introspective, coming dangerously near the point where such characteristics become morbid. Encourage to constant action. Can stand generous praise.

A hard worker, energetic and determined. Does not relax easily.

Complains of feeling inferior to others by reason of looks and lack of personality; cannot give orders to subordinates and wonders how she can ever take charge of a ward. Leans toward obstetrical nursing.

Two years of college. Creates impression of immaturity of thought and expression.

Fundamentally wild, daring, impulsive, restless. A bit dramatic in spirit. To cover up these qualities and fit into the group, she probably appears odd and stand-offish. Homesickness and loneliness play a rôle.

Original! An exceptionally good student—forceful, direct, practical yet sanely idealistic. Shows evidence of self-training. Nursing material that should be developed.

Has produced a well written paper, but rather moralizing and diffuse in its content. In eleven pages she does not say whether she graduated from college, why she took up training, what are her special interests in the work, etc. Student may have difficulty in concrete expression, though she is quite unaware of it.

Speaks of anger on criticism, difficulty in meeting an emergency, depends largely on "memorizing plans" made about work. "Adores social life."

Has the rare gift of frank self-analysis without dangerous introspection. Recognizes a passion to dominate every situation.

Shy, sensitive, better in practical work—dependent on habit formation.

A student who probably does not do herself justice because of diffidence.

These notes can be duplicated in any training school or other undergraduate group. Raising academic standards does not reduce the mental hygiene problems of such a body. What are practical ways of meeting this situation in the training of the student nurse?

1. There is the matter of more carefully selecting candidates for admission. With the requirement of high school or college diploma should go more inquiry into the personality equipment of the student.

Letters from the family pastor state that she is of good moral character. Letters from the family doctor state that the organs of her body are functioning properly. The student herself states that she has always wanted to be a nurse ever since she was a child, or since she had a tonsillectomy, and that she wishes to enter such and such a school because she has heard so much about it. All these data are interesting, but they contain far too few facts upon which to base admission to the profession of nursing. We need to know how she has spent her time between the school period and application for nurse's training; what is the record of her ability to get along with people (parents, teachers, classmates, employers, etc.); does she form habits easily; how does she take criticism, etc. These are questions which, in my experience, the pupil nurse answers naturally and to the best of her ability when given an opportunity. While it is not possible to weed out all undesirables by such a questionnaire for candidates, still many problem students would undoubtedly be eliminated. For example, among the student nurse problems which have come to my notice such pre-admission facts as these were revealed: V. Y. was a college graduate who had spent twelve years prior to entering nursing in

accountant's work where she gave excellent satisfaction in a regular salaried position. She became "fed up" on the routine and decided to take up nursing. Her theoretical work in the school was excellent; her practical work was barely passing throughout. Here was a student who, in my opinion, should never have been accepted. W. Z. was admitted to nurse's training at 26. She was a high school graduate, had taken summer courses in three different universities, had taught school a year, had studied piano intensively for five years, had taken a six-months' business course, and had taken Red Cross courses in Hygiene, Nursing and Motor Repairs. She had made practically no use of any of this material, and entered nurses' training as one more vocational groping after satisfaction in life. From Probationer to Senior she was a constant problem. She complained about every service on which she was placed (the work was too hard, her feet hurt her, the doctors told her nothing about the cases). In an attempt to adjust her, she was changed from one service to another, sent home for vacations, examined repeatedly by different medical specialists. Here was a student with a good intellectual equipment and a healthy body, but one whose personality difficulties were far too serious for modification on the part of any training school. Her behavior for at least seven years previous to application for training had been indicative of a pathological discrepancy between her ambitions and her capacity for concrete and productive activity.

2. Having made reasonable effort to weed out undesirable candidates, the next step is to follow the individual adjustment of the student, from Probationer on. At the end of the period of probation the training school staff ought to have a fairly good idea of the problem material, and whether it is modifiable enough for acceptance. Warning signs are definite and persistent variations between theoretical and practical work, marked emotional upsets (tears, sulking, anger, panic and tremulousness) in reaction to criticism, worry, overwork, etc. Here in the probation period the student should be carefully studied with reference to her habits and abilities referable to concentration, distractibility, respect for accuracy and thoroughness, fatigability, qualities for teamwork. Student advisers should get some idea of how the probationer is spending her time off duty; whether she is maintaining a proper balance between daily work and daily relaxations of outdoor exercise, amusements, friendly contacts, etc. I have known a few moments' conversation with a maladjusted probationer to reveal that she was spending all her time off duty in "grinding" in her room, or that she was pouring out too much energy in conducting prayer meetings and teaching Sunday School classes in a local church, or that she had not been out of the dormitory for a walk or to the theater for two months.

3. Having accepted the probationer there follows the necessity for faculty teamwork in adapting the student to her profession, and the profession to the student. Towards this goal nursing education has made great strides in the standardization of curriculum, broadening of the educational field, and the insistence upon regulations safeguarding the student's bodily health. Unlike other educational laboratories, the training school for nurses has an opportunity of watching its students put into practice the active principles of their instruction, and does not have to wait till these individuals go out into life to see if

methods work successfully. The academic instructor, the teacher of nursing procedures, and the head nurse should have valuable contributions to offer. How far is this opportunity for conference utilized? Does the head nurse in charge of a ward mark the student after a thorough consideration of her work, or does she mark her chiefly as a result of impressions derived from rumor or from some one incident giving rise to prejudice? Not infrequently while sitting on a ward, or riding in a street car, or walking through hospital corridors, I overhear remarks of head nurses:

"I hear Miss ——— is on your ward. My dear, she's the dumbest thing you ever saw. Absolute ivory. You can't trust her to do a thing."

Our own monthly report sheet for student nurse includes the following qualities for consideration:

Interest in work	Patience and kindness
Tactful	Industrious
Dignified	Personal neatness
Courteous	Coöperative
Accurate	Punctual
Neat worker	Conscientious
Takes criticism	Observant
Memory	
Ability to plan and manage work	
Ability to direct the work of others	

In looking over such sheets, in many a case coming to me as problem material, I have been impressed with a monotony of "good," "very good," or "poor," as the sole word of comment opposite each characteristic to be evaluated. Or again, I have come upon such a remark as "irresponsible, undependable," on the record of a student who had previously been marked as possessing the opposite qualities. On calling the student's attention to this, she would say: "I'll tell you what I did that made her mark me so." I recall one such case of a timid, trembling, scary student who all the way through her course had been marked "too dependent, shrinks from responsibility, lacking in self-confidence." Suddenly, on one month's report I saw the statement "officious—assumes too much responsibility." Asking for the incident that had produced such a rapid character change, the student told me this story:

"One morning a patient had just come down from the operating room. I thought her pulse was bad. The head nurse was having rounds with the doctors. I knew she'd be through in ten minutes. I've been bawled out so many times for not taking responsibility. The last time I called her from rounds for what I thought was important, she scared me most to death, telling me never to do it again. I just couldn't decide. So I waited. The patient didn't die, but I got sent to the front office."

The mental hygiene problems of this student were practically untouched, and she was a year and a half through her course. Inserting psychology and courses of personal adjustment into the training school curriculum is of little value unless we have a faculty and head nurse staff who have an intelligent understanding of student problems. Why not put down on the monthly report notes of actual ward incidents that occur, instead of recording merely the impression of the nurse in charge? Such facts alone can constitute a basis for constructive faculty discussion of student material.

Turning now to the second topic you have asked me to discuss; namely, "The best ways of incorporating the newer point of view and principles of mental hygiene in the education of nurses"; associated with this is your third point of inquiry concerning, "What can be done from the nurses' standpoint to bring about better relationships among various professional

groups in the general field of health and social work?"

Last month, in speaking to our Maryland State Association of Nurses on "The Interdependence of Social Science and Nursing in the Field of Public Welfare," I reminded them of the fact that the first regular training school for nurses in this country, organized on "the Bellevue plan," came into being through community forces which today are grouped under the heading of social science. Equally important from the standpoint of history is the vision of social service which Florence Nightingale embodied in attacking the problems of public welfare from the standpoint of nursing. In studying the life work of Louisa Schuyler and Miss Nightingale —two great pioneers in practical altruism—one realizes that thorough and intelligent interest in public welfare knows no line of demarcation. Institutional and public health nursing, hospital social service, family case work, school-health and child-placing organizations, have identical goals.

The problem of happiness and success is becoming recognized to a great extent as a problem of hygiene or health, and not merely one of conformity to the teachings of tradition and goodness alone. Hygiene is found to depend to an overwhelming extent upon the condition of the organism, heredity and eugenics, the proper nutrition and growth, the habit training, and not only on the acquisition of knowledge and of some practical resources, but also upon the emotional attitude, the development of one's innate capacities, and a reasonable respect for one's instinctive desires and tendencies.[1]

Struggle towards such a goal is not easy, in that it calls for the cultivation of mental attitudes in ourselves and others that are contrary to accepted habits of thinking. For example, it has taken the medical profession centuries to recognize the fact that behavior lies within the province of health; that people may cry and groan and scream and swear, and develop headache and nausea and vomiting and weakness, and chills and sweating, and diffuse pains and insomnia, as more or less conscious or unconscious protests against life as they have to face it. And all the way along, mankind has been putting to our profession the same question that Macbeth put to his family physician:

Canst thou not minister to a mind diseased,
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And with some sweet, oblivious antidote
Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the heart?

And we have replied, "Therein the patient must minister to himself." Our own efforts to teach the patient how to "minister to himself" have been bungling, to say the least. We have focused his attention on an ideal weight, taking pounds from him or adding pounds to him according to the proportion of height to weight; we have isolated him behind screens or in private rooms, from family, callers, letters, etc., on the basis of nurturing his nerve cells to function properly. We now go a step further and inquire into matters that experience has shown condition the so-called neurasthenia. We ask about the patient's habit life from childhood, his characteristic methods of adapting himself to disappointment and fear, and other major strains of life. We ask about his financial status, his relations to wife and children and parents. In short, we include behavior and social adaptations in the patient's problem of health.

In arriving at such data and in the

[1] Meyer, Adolf, "Individualism and the Organization of Neuropsychiatric Work in a Community." Proceedings of the National Conference of Social Work, 52nd meeting, 1925.

application of the psychotherapy incident to its discovery, the nurse plays a tremendous rôle. The doctor comes and goes. The nurse is with the patient day after day, and upon her tact, judgment and keenness of observation, depends the patient's responsiveness to treatment. Her equipment for such service depends upon the background of experience and training which she has had in working with the concept of behavior in terms of life factors and life situations as a vital part of the broad field of medicine.

Social science, too, has generally come to realize that it is not enough to inquire into the sewerage or lighting of a dwelling, or to find out that a family has low finances. It must go deeper and ask why this family lives in unsanitary surroundings, why the father and husband cannot hold a job, why the mother and wife cannot follow a budget, or plan a meal, or follow simple directions for feeding the infant or keeping up the household nutrition. Strange as it seems to us now, formal medicine showed no interest in the personal or social behavior of patients until the last quarter of a century. What the patient was before he came to hospital and where he went after he left, were not considered important. The physician was interested in symptoms and complaints expressed within the walls of the institution. In 1890 the English created a body of lady visitors known as Almoners, who looked into the financial condition of patients who applied for admission, and learned community resources for the absorption of patients who were ready to be discharged, but their interest was more in hospital intake and elimination than in the rehabilitation of the patient himself.

In 1902, Dr. Charles P. Emerson—one of Osler's pupils and former Medical Resident of the Johns Hopkins Hospital—organized among the medical students a Student Board of the Charity Organization of Baltimore. These students volunteered to visit and follow one or more poor families in the city, doing what they could to improve the condition of these families. Dr. Emerson's object was not so much to serve the hospital patients, as to teach the medical student certain facts about human nature and its strivings as they exist in layers of society with which he has only a professional acquaintance. They were to learn, he says, "how the poor man lives, thinks and works; what his burdens are, the intimate relation between ills of body and home environment. Also how easy it is to give good advice which only adds to burdens too heavy to be borne."

In 1904, Adolf Meyer, then Director of the New York State Hospitals, began to agitate psychiatric social service before the Lunacy Commission of that State. The program which he outlined was not put into effect till 1906 or 1907, owing to legislative conservatism. His plan was something like that of the English organization for the after-care of the discharged psychiatric cases, but included a far more detailed study of their condition, the home and neighborhood relationships, and also a study of these facts while the patient was still in hospital, so that the physician could work with this material in constructive therapy.

In 1905 Dr. Richard Cabot of Boston founded the first organized hospital social service in this country.

Today hospital social service is almost a commonplace in American medicine. In 1923 there were 400 established services in hospitals throughout the country. Every branch of medicine calls for the services of these workers—pediatrics, orthopedics, tuberculosis and cardiac

clinics, obstetrics, find that they can achieve the best possible results only when there is such coöperation between family and hospital.

The pity of it is that the medical student and nurse in training come into only casual contacts with the great field of social medicine. The medical student is a little better off, in that he frequently follows the case when it returns for follow-up work in the dispensary, and reads case notes written by the Social Service. The pupil nurse ends her contact when she accompanies patient and wheel chair to the door, turns in his treatment chart to the ward doctor, and prepares the room or ward bed for its next occupant. Now this nursing routine is as it should be, but I do not think it would be less therapeutic if it could be combined with more opportunities to learn something of the larger setting of the individual case. We have found that medical lectures and nurses' ward rounds make more intelligent and more efficient nurses. Nursing care of the sick has vastly improved since the nurse has been allowed to work *with* the doctor, instead of being made to feel that she is working *for* him.

But aside from training the nurse for institutional and private duty work, our training schools are sending graduates out into the broad field of public health, following progressive medicine in its endeavors to prevent disease and keep patients out of hospitals. Here the nurse finds herself confronted with the health problems of industrial medicine, city dispensary, instructive visiting nurse activities, nutritional clinics, milk stations, social hygiene organizations. Her nursing technic is of great value, but it is not of much help in getting over to the community mind the larger concept of the handicap of inadequate health. In interpreting her message of health she encounters a tremendous amount of opposition from the so-called intelligent and unintelligent layman and medical practitioner. While in a public school last spring, I heard ten children refuse the Schick test, although it had been explained to the mothers' group at the Dispensary, and the nurse had made a house-to-house canvass. Not long ago a nurse called my attention to a physician in Baltimore who refused to allow a delirious pneumonia patient to take a free bed in the hospital, and the family had to pawn the patient's watch to buy the prescribed medicine. The doctor got no fee for his services. He honestly feared that the patient would be experimented on. In the sphere of community health, the nurse is brought face to face with hygiene that has to do with human behavior, and she is rubbing elbows with many other organized public welfare groups which are also trying to contribute to individual and community happiness or health. School systems, family case-work agencies, juvenile courts, child-placing societies, playground associations, bureau of vocational guidance, industrial personnel, are confronted also with individualism expressing itself in such unhealthy forms that the welfare of patient and household becomes a matter of public concern. Children are beaten, starved and exploited, homes are broken, wage-earning capacity is reduced, venereal disease is spread, murders are committed, and property destroyed by men and women who are in a state of poor health for all sorts of reasons. Formerly such faulty behavior, or poor health, was treated by ethics, or a traditional legal machinery standardized by "an eye for an eye and a tooth for a tooth." The best science of today does not treat these

cases symptomatically, but studies their causal factors in order that treatment may be undertaken intelligently.

Alfred S., a man of 36, deserted his wife and four children last December. He was located in a neighboring city by one of our newspapers keen on advertising its Christmas philanthropy, brought back to Baltimore and given a job on the paper. His work was to solicit subscriptions. A week later he turned in 50 bogus subscriptions in one day, and gave as a reason his desire to see the boss and get a raise in salary. The newspaper turned him over hastily to the Family Welfare Association which, after a study of the social facts, brought him, his wife and children to our Clinic for examination. Alfred S. had been an industrious, family-supporting man till two and a half years ago, when he lost a job writing insurance which he had held for eight years. The company complained that his production was declining. The United Railways turned him down because he "looked anemic." Swamped by expenses he could not meet, and nagged at by a wife who was being treated by local doctors for "rheumatism and neuritis," Mr. S. suddenly left home one morning. Examination showed a quiet, neat-looking man, who stated his case frankly. Formal mental examination of remote and recent memory showed no disturbance. He admitted bad judgment in turning in the bogus subscriptions, but could not tell why he did it. Neurological examination showed syphilitic brain disease. Serology revealed general paresis. Mrs. S. had a mental age of about 11 years, according to an intelligence test. Her blood Wassermann was positive, her spinal fluid negative; her rheumatism was found to be syphilitic bone infection for which months of hospital treatment were necessary; more or less chronic physical disability will probably result. The four children are untainted physically, and test as precocious, according to the Binet scale. Of this family, the children alone can be saved by permanent placement in a healthy environment.

John Thomas was a boy of 7, brought by his mother because he was repeating the first grade and making no progress. His teachers considered him retarded. He could neither focus his attention to grasp, or retain what few things were put over to him. However, the child could be managed and was considered just an ordinary defective with whom the school had to get along until it was considered legally possible to let him go. The mother found him easily excitable to tantrums and tears, and she found he was getting like his father, who had recently been discharged as a guard in the Maryland penitentiary because he had been repeatedly found asleep while on duty and was wholly impervious to reasoning on the subject. The child's history was negative, physically and mentally, except that he was very slow in learning to dress himself, had always spoken indistinctly, and at 4 years of age had one day developed a weakness in the right arm and leg and had fallen on that side. Twenty-four hours after, both sides seemed as useful as ever.

Examination showed a dull, unresponsive child with serious articulation difficulty. According to the Binet-Simon test he answered correctly all the questions for 3 years, and from two to four questions in the 4-, 5- and 6-year tests, giving him a mental age of barely 5 years.

Neurological examination was indicative of organic brain disease. Serology revealed the presence of juvenile paresis. The father was found to be clinically and neurologically and serologically a paretic. The mother had a positive blood Wassermann, but normal spinal fluid. The three other children are healthy. The father was committed to a state hospital. The mother, under antiluetic treatment, has now a negative Wassermann, and is maintaining a home for the children with a little financial help. John Thomas died, at 9 years of age, after a series of convulsions.

Discussion: John Thomas was a problem child who, from an educational standpoint, was considered an ordinary defective because he was unable to keep up the school pace. The school physician attached to the Department of Health gave him a normal health card because he was negative from the standpoint of ills which are tabulated on school health cards—infections, dental caries, running ears, T. and A., serious malnutrition, tuberculosis, etc. The family doctor who had officiated at his birth, when consulted about the child's school difficulties, told the mother they would disappear at puberty. He also ascribed the father's progressive irritability and forgetfulness to the strain of overwork.

As you listen to these problems of health, it is hard to dissect out factors that belong to social science and factors that belong to public health. Behavior and health here, as in so large a number of pictures of human distress, are inextricable. Last year

42 per cent of all the 1,658 new cases seen in our Phipps Psychiatric Dispensary were children.

40 per cent were referred from city and county social agencies.

15 per cent from outside, doctors, schools and parents.

10 per cent, only, from organized public health sources in Baltimore and adjacent counties.

6½ per cent from religious organizations with social service activities.

Approximately this same percentage prevails with adult patients. In other words, social science associates health and behavior more than does any other community institution of public welfare at the present time. That the problems coming to the medical profession also contain important facts with regard to living conditions, domestic relations, and full fledged behavior anomalies, is suggested from the fact that the next largest percentage of our clientele comes from the small medical circle of our Johns Hopkins Hospital. Now I realize that the nurse is handicapped in exerting her initiative by the fact that she is obliged to follow plans made for the patient by his physician. On the other hand, most doctors, being mere men, are susceptible to, nay eagerly welcome, suggestions tactfully made to them by a nurse. "How did you get Miss ——— down here?" I often ask a nurse. "I suggested to the doctor that it would be a good idea, and he said go ahead." In fact I feel that if the nurse had more insight into the social and personal problems of her patients, she would prove no insignificant factor in the education of the medical group.

For my own part, I would add a year to the curriculum of our nurses' training schools, and devote it to theory and field work in social science and public health, inserted in that part of the academic program most strategic from the standpoint of the training school course as a whole. I would attempt, during this period, to give the student a larger vision of her work than that of merely altruistic appeal, or the perfection of technic.

During this period of field work, I would teach her a few general principles of formulating the problems of her public health patients in plain and common-sense terms. You would be surprised to see what few facts nurses bring about their patients.

"Why did you bring John Jones?"

"I really don't know, Doctor; I don't think he's doing well in school, and the teacher wanted you to examine him."

His correct age, within two or three years, his grade, his regularity of attendance, facts of his nutrition and home hygiene are for the most part unknown. Very often the nurse has not gone into the child's house, but has merely called for him at the doorstep. Yet, with the exception of a few places where visiting teachers are found, the school nurse is the only contact between home and school. It not infrequently happens that when nursing organizations and family case-work agency are interested in the same case, a controversy arises as to procedures. The nurse can see in the family problem nothing but the necessity for relief. The case-work agency insists on a thorough study of the conditions which have led this family to become dependents. Valuable time is also lost in controversy as to whether nurse or social worker shall bring the patient to the hospital. Now in teaching the point of view that nurse and social worker have one and the same goal, I have been conscious of a certain ethical delicacy on the part of each; on the one hand, there is a vague fear that the nurse may usurp the functions of the social worker; and

on the other hand there is the belief that social service doesn't amount to much, after all, because it is so medically unscientific. Such attitudes mean but one thing, and that is that social science and nursing need friendship instead of a bowing acquaintance with each other.

There is nothing deep or mysterious about social science. Its principles should be based on an intelligent and common-sense understanding of human relationships. The nurse is in the most strategic position of any public servant to carry this message to her clients. She comes to them on the common ground of health, which knows no difference in language, or politics, or social strata, or religion. It is the one open sesame to the distress of all sorts and conditions of men. The contacts of the physician are intermittent and often cursory; the contacts of social service are open to the misinterpretation of prying into the patient's business; the contacts of the nurse are made through a quality of service that is more personal and intimate. She can combine advice, suggestions, and plans, with all sorts of tangible and objective activities which make the patient feel that something is being done for his distress.

The ability of the nurse to realize this opportunity and to utilize it depends upon her intelligence, her ideas of nursing service, the plans of her supervisor and medical health director, and the time at her disposal. If a nurse attached to a city health department is expected to do school work, communicable diseases, and tuberculosis, she has no time really to know her families. I have in mind a faithful, conscientious and intelligent public health nurse who is just such a man-of-all-work in a district where she has 1,000 children in one public school, and 800 in a parochial school. It is not humanly possible for her to do more than scratch the surface of her job. In communities where the health work is better organized, the school nurse can be made a valuable repository for a wealth of facts concerning the adjustment problems of her family clientele.

A psychiatrist recently appointed for the public schools of a Canadian city approached his work with sad misgivings because he had no social worker to assist him in sifting material and gathering the necessary facts prior to his examination. He has begun by educating his nurses through weekly lecture-clinics. At first they were stand-offish, feeling that one more chore was being put upon them and that it had to do with a fad which was not strictly medical. Their interest has gradually developed into enthusiasm and eagerness to understand and be of real service. Two of them have come down to us for six months of psychiatric social service training under the direction of Elizabeth Cross, our children's worker in the Phipps Psychiatric Clinic. Their work has been of the highest quality, showing accuracy, tact, and that intelligent approach to the problems at issue which does not make the same mistake twice.

From what I have seen of the nurse in training, the nurse in institutional work, the nurse in the field of public health, I believe she is not only thoroughly competent to understand and utilize the principles of mental hygiene in her work, but that her work in any sphere remains seriously limited without adequate training in the relation of behavior to health. This does not mean that the nurse is to take the place of social service or family case worker, but it means that the nurse should be adequately equipped to take her own share of

human welfare responsibilities in whatever direction professional activities lead her. That she may continue to serve and be given opportunity to serve more intelligently, should be the dedication note of every hospital training school and center of nursing education.

Questions

5. Please explain why it is not possible for all nurses who are registered in other states to obtain registration in New York.

Answer.—In the state of New York the law governing the practice of nursing contains this provision:

"*Who may practice as registered nurses.* Any person being over the age of twenty years and of good moral character, *holding a diploma from a training school for nurses connected with a hospital or sanitarium giving a course of at least two years, and registered heretofore by the regents or hereafter by the department as maintaining in this and other respects proper standards, all of which shall be determined by the department*, and who shall have received from the department a certificate of his or her qualifications to practice as a trained, certified, graduate or registered nurse, shall be styled and known and entitled to practice as a registered nurse, and no other person shall assume such title, or use the abbreviation R.N. or any other words, letters or figures to indicate that the person using the same is a trained, certified, graduate or registered nurse."

The Board of Regents of the University of the State of New York, a corporate body since 1794, is charged with the supervision of all educational policies. The schools of nursing have been placed in the division of higher or professional education which includes, of course, the schools of medicine, law, dentistry, pharmacy, etc. In 1889 the granting of licenses to practice medicine was made by law a function of the Board of Regents. Since that time other professional laws have been amended so that all are uniform in this provision. Therefore, the procedure for licensing nurses differs not at all from that which applies to graduates of the other professional schools; *i.e.*, to be eligible for registration in this state one must hold a diploma showing the completion of a course of training *in a school which is registered by the Department of Education.*

From time to time laws for the protection of the public health have been enacted by the State Legislature. In all of these the chief factor has been that all persons who represent themselves as capable of rendering professional service required by these laws shall be properly prepared or trained to this end.

The requirements relative to preliminary education, faculty, course of instruction, classrooms, equipment, standards of nursing care, living conditions, records and other requirements for graduation are prescribed by the Board of Regents. Only those schools which are fully meeting these requirements are approved or registered by this Department. Therefore, in order that the graduates of schools in this state which are meeting these requirements may not be discriminated against, the same policy is carried out with reference to schools located in other states. Only those schools which request registration and upon inspection are found to be fully meeting the requirements prescribed are approved. Therefore, when graduates of registered schools wherever located are issued a license to practice nursing in the state of New York it is evidence that the holder thereof has complied with all the requirements which are prescribed for the practice of nursing in this state.

6. What is meant by the phrase "the head engages"?

Answer.—Normally, after the first weeks of pregnancy the uterus rises from the pelvis into the abdomen where there is room for the baby to grow. The first mechanism of birth is the return of the presenting part of the baby into the true pelvis. The head—or other presenting part—is said to be "engaged" when it has entered the superior strait or inlet of the true pelvis. In a primipara this normally occurs some weeks before delivery. In a multipara frequently it does not occur until after the onset of labor. Failure of the presenting part to engage suggests some abnormality in the size or shape or position of the baby or of the mother's pelvis. See Williams, "Obstetrics," p. 288; Van Blarcom, "Obstetrical Nursing," p. 224.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

CHRISTMAS MESSAGES FROM RED CROSS NURSES

THE National Director wishes she had time to write a personal letter of acknowledgment to each one of the many nurses sending Christmas messages reaching her this year from all parts of the world. They came fluttering in some days in advance of Christmas day, when they were opened. The Red Cross family of daughters seemed very, very near at that time. These messages of peace and good will come in various forms—letters, regulation Christmas cards with nice little notes written thereon, photographs of interesting places, groups of nurses or favorite views, or the institutions in which the sender may be working, each bringing a real human interest story easily read by one with an understanding heart and some imagination. It would add very greatly to the interest of this brief message of appreciation if they could all be used as illustrations but space is not available. Some of them will, however, be used later. Dear Red Cross nurses, many thanks for your good wishes, all of which are most cordially reciprocated.

NATIONAL COMMITTEE HOLDS ANNUAL MEETING

THE National Committee on Red Cross Nursing Service held its annual meeting in Washington on December 6. Nineteen members were present. The three national nursing organizations, the Government Nursing Services, The American Red Cross as well as its several branches of nursing were represented. Among the eleven guests were Judge Payne, the Chairman of the Central Committee, Mr. Bicknell, the Vice-Chairman of Foreign Operations, and Mr. Fieser, Vice-Chairman of Domestic Operations, as well as some of the Assistant Nurse Directors at National Headquarters, Nursing Field Representatives and others. If environment affects accomplishment then the results of the meeting should be of far-reaching character for the Committee met in the Red Cross Assembly Room around its beautiful mahogany table with a background of beautiful stained glass windows depicting the origin and life of the Red Cross movement. It would take too much space to describe the meeting in detail for a very full program was covered, including reports from Elizabeth Fox on the Public Health Nursing Service; from Mrs. Isabelle W. Baker on the Course in Home Hygiene and Care of the Sick; from the Chairman of the Committee on the work of the Red Cross nurses in foreign countries and in the great disaster field. The Secretary's (Ida F. Butler) report dealt with the accomplishment of State and Local Committee as well as an analysis of the enrollment of Red Cross nurses, their distribution, etc. A total of 197 Committees was reported, including the 49 state and four in foreign and insular possessions; 1,300 nurses are serving on these Committees as volunteers—a remarkable demonstration of devotion. The total number of nurses enrolling in the Service since its origin was 45,625; 1,895 had been enrolled between December 1, 1926 and December 1, 1927; 14,137 nurses are married. Many of these are actively engaged

in Red Cross Public Health Nursing and as instructors in the Red Cross Course in Home Hygiene and Care of the Sick and are serving on committees as chapter nurses, etc. The majority of these are in the inactive group as far as military service is concerned. Since the organization of the Service 1,540 have died.

Mr. Fieser in his remarks to the Committee brought out the following facts: He spoke of the tremendous pressure brought upon the Red Cross during the past fifteen months. Since the New England flood, disaster relief was in progress in fifteen states at one time. One of the most serious problems has been the country's inadequate supply of social and case workers; if used in the Mississippi flood in the same proportion as in Florida, the entire force of the country would have been exhausted; twenty per cent of the supply was used in Florida. But there has never been any difficulty in securing an adequate supply of Red Cross nurses. Speaking in highest terms of the work of the Nursing Service, he stated: "When you have a nurse who bears the label of the Red Cross there is an advantage over every other group—for she supplies a measure of uniform support."

Following the report of the work of nurses in disaster the Committee offered a resolution of appreciation and authorized the Chairman to frame a letter to be widely distributed through the pages of various nursing publications, the "Red Cross Courier," to the Committees and individual nurses as might be possible.

A resolution was also adopted by the Committee recommending:

1. Reorganization of Local Committee to include representatives of all nursing activities in the territory of Committee.

2. Adoption of a ruling that Committee members be appointed for a definite period of years, reappointment however to be in order if it was the wish of the Committee that the member be retained.

The question of the type of insignia used for the Nursing Service was discussed. It was felt that the present type in use, while suitable for wash uniforms, was not suitable for the Norfolk suit, coat, cape and the hat. A Committee was appointed to study this.

A special Committee was also appointed to study the Florence Nightingale Medal, and the present system of making awards and make recommendations.

A small advisory Committee, to be called together at more frequent intervals, if necessary, by the Chairman, was also recommended and approved.

A tribute was paid to Harriet Leete, who had been a charter member of the National Committee and one of the earliest members (No. 157) of the enrollment. It was voted that this tribute be spread on the minutes and sent to the members of Miss Leete's family.

The report on the Delano Red Cross Memorial Nursing Service revealed but two in operation—one in Nogales, Ariz., and one in Highlands, N. C. It was also reported that a Delano Memorial Nurse was being considered for three counties in the Ozark Mountain, Ark.

Because of the close relationship of the Government Services to the Red Cross Nursing Service, brief reports were presented by the Superintendents of their Nursing Service, Major Julia C. Stimson reporting for the Army that 690 nurses were now in the Corps, not the full complement, and that they would welcome applications. A bill is now in Congress for pay increase to $100 per month for the first three years. Seven hundred and nine students had graduated from the Army school of nursing.

Beatrice Bowman, Superintendent of the Navy Nurse Corps, asked the assistance of the National Committee in supporting the work of the nurse representatives of the service who were in the field presenting Navy nursing to nurses at large. As Navy nurses are largely employed as teachers, those who are well prepared as instructors are desired. She also reported that vacancies existed in the Navy Nurse Corps and that applications from nurses would be appreciated. The three years' service clause seems to discourage nurses from applying. In answer to a question in this connection, Miss Bowman stated that if a nurse resigns it is not counted against her if she wishes to reënlist; she may be given credit for the time she has already served.

Clare Gaffney, acting for Lucy Minnigerode, Superintendent of Nurses, U. S. Public Health Service, reported 350 nurses in the service and no vacancies. Attention was called to the Parker Bill which had been introduced in Congress last year, asking for the establishment of the Public Health Nursing Service on the same status as that of the Army and Navy. It is now under the Civil Service Commission.

Mrs. Mary A. Hickey, Superintendent of Nurses of the U. S. Veterans' Bureau, also reported no vacancies and that, on the contrary, she was receiving from twenty-five to thirty applications per day. The Civil Service educational requirements for admission to the service, also applied to the U. S. Public Health Service, have been raised and while she had urged a four-year high school education, with graduation from a school of nursing connected with a hospital with a daily average number of fifty patients, the Commission had not entirely agreed but had compromised on a minimum of two years of high school. One year's institutional or two years' private duty postgraduate experience in nursing is also a further requirement for Civil Service examination.

Telegrams of sympathy were sent to two members of the Committee who were ill—Anna C. Maxwell and Lucy Minnigerode.

There was considerable discussion of the desirability of changing the name of the Local Committee on Red Cross Nursing Service. Since the Chapters have been engaged in nursing work, a Chapter Committee known as the Committee on Nursing Activities has been authorized. There has been some confusion between the two Committees with the result that Field Representatives, Chapter people and others have begun to speak of the "Local Committees" as the Enrollment Committees. Some objection to the use of this term, as it seems to restrict the function of the Committees, has been raised. The name Red Cross Committee of Nurse Enrollments was suggested. No final action, however, was taken as it was felt that more time was needed for consideration.

Special enrollment was discussed, and while it was decided not to recommend abolishing this type of enrollment, as it appeared to be automatically eliminating itself, it was recommended, however, that Red Cross capes should not be issued to members of the Special Enrollment.

Attention was again called to the importance of observing the week ending on March 12, Miss Delano's birthday, as Delano Recruiting Week. Explanation of the ways and means of proceeding were presented. Attention was called to the fact that this had been described in the *American Journal of Nursing* in the June, 1926, issue. The importance of instructing

the Senior class to make out their own application papers while still in the school, was emphasized by the Chairman, the Superintendent of Nurses facilitating the filling in of the physical examination blanks, also looking after the credentials from the training school and the alumnae, following which, as soon as the nurse is registered and becomes an alumnae member, the papers are to be forwarded by the superintendent to the nearest Local Committee.

Alta Dines gave an informal report on the Nurses' House at Babylon, N. Y., and distributed a very attractive leaflet which made one feel that she would like to escape from the cares and worries of daily routine and spend a few weeks of quiet in such delightful environment. She suggested that nurses be informed about the place and encouraged to take advantage of it.

Resolution of Appreciation to All Nurses Who Have Served Under the Emblem of the Red Cross during the Recent Years in Disaster Relief Work

THE National Committee on Red Cross Nursing Service, at the annual meeting December 6, adopted a resolution of appreciation of the fine service performed by Red Cross nurses as well as others not enrolled, in connection with disasters. The Chairman was also authorized to convey this information to those who served by means of a special message which was to be given wide publicity through nursing publications and such other means as might be possible. Nothing could give the Chairman greater pleasure, for in transmitting this message for the National Committee she can also speak for the Red Cross organization as well as for herself. It is with regret that we find it will not be possible to send a letter to each individual. The number is too large, for many hundreds have served, and in some instances, because of the inevitable confusion in the early days of a great disaster, the names and addresses of some who volunteered were not secured, this plan did not seem practicable. The Local Committees have been superb. They have been untiring in their efforts in securing an adequate and efficient supply of nurses. In many instances members of the Committees have served as directors of a disaster nursing program, in others they have served as staff nurses. Wherever work was to be done they have done it.

The individual nurse, without knowing what she was facing—whether long hours in a first-aid station or emergency hospital, ministering to those with serious injuries, or working in mud or water following a flood, in the burning heat of a Florida or Louisiana sun, or the icy cold of a Vermont winter, has accepted conditions as they were without complaint, entering courageously upon the work at hand. Whenever a nurse has been needed to help repair the consequence of these age-old natural foes of mankind, she has been ready and willing to go without question or loss of time, or blowing of trumpets, or waving of flags. It is because of this dependable, efficient and adequate service that we, as American citizens, as members at large of the Red Cross, as members of the National or Branch staffs, or of the National Committee, are grateful for the organization which has made such a service available. We are, however, doubly grateful to the individual nurse, the "quiet worker" who falls into line like a well trained soldier, for her ready and efficient response to the call of the Red Cross.

Our Annual: the "Molecule"

By Annette Jourdan

Pasadena Hospital School of Nursing, Pasadena, California

ATOMS are the smallest particles of any substance which can have independent existence. A molecule is a combination of atoms. The molecule of a compound contains different kinds of atoms, since it is composed of more than one kind of material. For example, the molecule of water contains both hydrogen and oxygen atoms. Likewise, "Our Molecule" is made up of the atoms: school spirit, student-body coöperation, helpfulness, capability, initiative, and originality.

When a group of intelligent young women are gathered together, the need of coöperation and organization is pressing. This opinion was voiced by the students as a whole, in 1917, and accordingly an informal meeting was called, in which they organized themselves as the "Student Association," with a full corps of officers and a written constitution. This was the first attempt in this school at self-government. Out of this newly found interest and close contact grew the idea of some written record of school days. Hence the first volume of the "Molecule" in 1917. No other publication was attempted until 1922.

In 1921 the students selected as leaders, a group that had executive ability and could shoulder responsibility, hoping thereby to eliminate faculty rule and promote a more congenial relation between the administration and the student group. The executive body was the Student Council composed of the student body officers plus the class presidents and a faculty adviser. A new constitution was drawn up.

Rapid progress creates the demand for a written record of the year's work, so since 1922, the "Molecule" has been published annually.

Ever present has been the necessity of financing the annual. Since we have had no fund set aside for that purpose, the students have always willingly coöperated and through their efforts made possible the yearly publication, thus making the book truly a student-body affair. Each year the lack of funds has been the greatest problem, and many ideas have been followed for making money. Each year the annual has been barely financed with the aid of advertisements. The work usually fell upon a small group. In 1926 a method was introduced whereby each student could share and ease the responsibility of a few. A bazaar was planned, and through the successful teamwork of faculty and students, the "Molecule" was financed. One hundred dollars was given for the next year's book and fifty dollars to the piano fund, begun at Christmas, 1925.

Since this was so successful, we adopted their method of financing the 1927 "Molecule." The total sum netted was $910. This sum, with the advertisements, reached approximately $1,050. Two hundred and fifty copies of the "Molecule" were published. The total cost of the book was $638, and after all expenses were

paid, a surplus of $395 remained. One hundred dollars was left for the "Molecule" fund of next year, $195 for the piano fund and $100 as a scholarship fund. The latter fund was voted and approved by the student body. It is to be used as a loan fund, for educational purposes, preferably to a member of the 1927 class, that member to be chosen by a committee of students selected by the present student body. Already plans are being made for the next year's bazaar. May it prove more successful and make possible the publication of a bigger and better "Molecule."

An Exponent of Health

By Tyyne Laitinen

Henry Heywood Memorial Hospital, Gardner, Massachusetts

PEOPLE do not, as a rule, think of nurses as being of any particular importance until they have experienced some illness which could have become serious had not the nurse faithfully stood her ground.

People rarely associate teaching and nursing, for they cannot feature nurses teaching anything. Only when some one is sick and in need of a nurse's care does the need of being taught by her enter their minds. They learn a great many rules for keeping well from these exponents of health. As an example, I would take a laborer who has been injured and taken to a hospital. (Men of this class do not, as a rule, spend very much time contemplating health habits; they think very little of their bodies or minds.) He spends three or four weeks in a ward where he is given every consideration in pleasant surroundings; he becomes accustomed to living in a clean, simple, and sanitary way. He finally goes home and having found that cleanliness of body and mind is a comfort, he continues to practice the habits taught by his nurses. This again influences the other members of his family to try to live in a more comfortable and satisfactory manner.

Every nation is seriously discussing child and baby welfare work; every country has its own method of dealing with this class of work. Mothers as well as children everywhere are being taught simple hygiene and sanitation. Cities have their free clinics for examination of infants and children of preschool age: here the mothers are given ample instructions as to the best methods of bringing up children. The school children are examined at specific intervals for defects physical or mental; if any are found they are reported to the proper place and cared for as soon as possible. In this field, as you all know, the nurse is foremost teacher. She lectures to students of high schools and grammar schools, quite often, on what to do and what not to do. No child can help but learn some health habits. Some of the habits which are most important are brushing teeth, caring for hands, bathing regularly, regular meals of wholesome food, sleeping with open windows, going to sleep early and rising early, and plenty of fresh air and exercise. Very few children object to learning these when taught in the right spirit and at the proper time. Mothers and nurses should coöperate in teaching these children while they are growing and when their minds are open to all kinds of influences. They must grow up mentally as well as physically, so plenty of attention should be given to their surroundings and environment generally. A happy contented atmosphere creates a happy state of mind.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the names and addresses of the authors, though these need not be published.

Efficient Service the First Obligation of the Registry

PRIVATE duty nurses are the moral and financial support of the official registry, should they not, therefore, have a voice in the methods and policies of its administration? It would stimulate their sense of obligation to the registrar were they given an opportunity to assist in making more efficient a service for which they are the sole financial support and which came into existence to supply their needs as well as the needs of the public, the hospitals, and the doctors. There is no sound business relation that is not of mutual benefit. Therefore, the registry being a public service to the public, to the doctors, to the hospitals, and to the nurses, it must be so conducted as to be of equal benefit to all of the groups of people concerned. The private duty nurse is the only one of these four groups who contributes finances for its operations, yet she has no voice in what is given her in return for her expenditure nor what is given the public, the doctors and the hospitals. It happens that in the community in which I am active in private duty at present the registry service is most unsatisfactory to the public, to the doctors, to some of the hospitals, and to a great number of the nurses. There are always two sides to every story, and it is my opinion that the private duty nurse should come in for her share of consideration in this question. It seems she is as much sinned against as sinning. It is only natural and proves her to be a sane human being when she feels resentful upon finding that she has been unfairly treated. Private duty nurses are professional women, not children; why not consult them in matters that are, after all, their affairs? I do not believe the problems of the registry are entirely one-sided. Why not face the matter as sane, straight-thinking human beings and make satisfactory adjustment for every one? It can be done; we need only the will to do it.

M. F., R.N.

(We had not supposed there were any official registries where private duty nurses were not included in the membership of the board or committee of control.—Ed.)

A Message from California

THE increasing arrival in California of nurses from all points, including foreign countries, under the impression that California offers a most attractive and unlimited field for special duty nursing and for institutional work, is occasioning growing concern here for those who come seeking employment. The situation has had serious discussion in the recent meeting of the Board of Directors of the California State Nurses' Association and the matter of publicity has been carefully considered. Registrars, district and state officers do not wish to appear inhospitable, but feel that it is just to would-be visitors to advise that they communicate with the state secretary or with the secretary of the district to which they desire to go, and ask for particulars in regard to nursing conditions before entering a community. The local situation in San Francisco, as shown by records kept of inquiries by letter and interview, does not differ from the situation in other parts of the country where conditions of unemployment exist. Local graduates and resident nurses throughout the state are remaining on call for unusually long periods, and we believe it is taking the right step to prevent future unhappiness when nurses are warned not to leave present fields of fairly certain employment to venture into situations of which they have not informed themselves in advance.

Jane W. Smith, R.N.,
Representative for California State Nurses' Association, Inc.

From a Missionary Nurse

WILL you be good enough to insert my change of address in the *Journal* for the information of friends with whom I have not been able to get in touch due to the recent hostilities in China? We intend making our future home in Scotland.

Elizabeth Gotwalt Alston
(Mrs. John).

127 Mt. Annan Drive,
Cathcart, Glasgow, Scotland.

A Visit to America's First Trained Nurse

IN the Goddard Home for Nurses at the New England Hospital for Women and Children hangs the portrait of Linda Richards and beside it is her diploma, dated October 1, 1873, the first to be granted to a nurse in America. To a student entering this particular school of nursing, with its historical background, the activities and accomplishments of this pioneer in the nursing profession, seem almost

legendary. This year it was possible for some of the student body to know Miss Richards as a reality, when a small group from the hospital delivered in person a basket of fruit and packages as a Christmas remembrance from the staff, students and alumnae of the school.

The Thursday before Christmas, Lillian Beck, assistant to the principal of the Training School and treasurer of the Alumnae Association, Marion Knight, a senior student, Irma Bacon and Louise Gorman, probationers, with Louise Gillis of the Social Service Department, left Boston early in the morning for a thirty-five mile drive to Northboro—out along the old Boston Post Road, past the picturesque Wayside Inn made famous by Longfellow. About a mile out of Northboro is located the Ann Judson Ross homestead and it is here that Miss Richards, whose life has been rare in experience and rich in accomplishment, is spending the later years of her life.

Miss Townsend, a graduate of the Newton Hospital in charge of the attractive nursing home, had warned the nurses by telephone that Miss Richards had "good" and "bad" days—that she might not know them or be able to realize why they came—since at times she was wholly unconscious of her surroundings, while at other times she was her old self, keenly interested in outside affairs.

Fortunately, this particular Thursday was one of her "good" days and it was possible for her to have callers. The first feeling upon entering the room was one of surprise and awe—surprise to find a weak, frail, totally blind patient, instead of the strong, vigorous appearing woman as portrayed in the picture. However, as soon as she spoke, external ravages of age and illness fell away, leaving one with the feeling of coming into the presence of an ageless personality; there was a pervading sense of youth. She insisted that each nurse take her hand and to each one she wished prosperity. At the close of the visit she sent Christmas greetings to all nurses and her best wishes for their continued prosperity. Miss Richards' greetings were touched with a vague regret that she too was not starting along the road toward the marvellous accomplishments of nursing in the present-day world.

During this visit, memories of which will last a lifetime, one could not help being impressed with the most exquisite and loving care Miss Richards is receiving. In her brighter moments current events are explained to her.

She is much interested in the exploits of Colonel Lindbergh. As she was the first in one great adventure, so he is the first in another. Perhaps there is a common bond between these two pioneers of America.

Massachusetts. MARION KNIGHT.

OUT OF THE MAIL BAG

IT is with genuine satisfaction that I read the good articles and trustworthy news of nursing activities that the *Journal* brings me each month. As one reads garbled accounts of such events as the Florida hurricane and then later reads, under Red Cross notes, of the actual field work done, one gets very sceptical of newspaper reports. I know personally of heartrending conditions here and but for the Red Cross during the many months afterward, much of the suffering would have been ignored.

Florida. H. A. H.

NEWS

[NOTE.—News items should be typed, if possible, double space, or written plainly, especially proper names. Send items to *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

American Nurses' Association

The 1928 conventions of the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing will be held in Louisville, Ky., June 4–9.

Many of the nurses who are planning to go to the Biennial are postponing making their hotel reservations until they know where the meetings of the respective organizations will be held.

General headquarters will be in the Armory which will house the exhibit, registration, and all business affairs connected with the Biennial. The two general evening meetings will also be held in the Armory.

The other meetings will be as follows:

A. N. A.—Meeting place, Seelbach ballroom and anterooms, Knights of Columbus Theatre and Gymnasium.

N. L. N. E.—Meeting place, Kentucky ballroom and anterooms.

N. O. P. H. N.—Meeting place, The Brown ballroom and anterooms.

List of Hotels

Brown Hotel—700 rooms, Fourth and Broadway, rooms with bath, single, $3 to $7; double $5 to $9; suite, parlor and bedroom, $12 and $15.

Seelbach Hotel—425 rooms, Fourth and Walnut Streets, single rooms, no bath, $2.50 to $3; double room, no bath, $4 to $4.50; single room, with bath, $3 to $7; double room, with bath, $5 to $9; suite, sitting room, bedroom and bath, $8 to $15.

Kentucky Hotel—450 rooms, Fifth and Walnut Streets, rooms, with bath, single, $3 to $7; double, $5 to $9; double room, twin beds, $6 to $10, suite, parlor and bedroom, $10, $12 and $15.

Henry Watterson Hotel—250 rooms, Walnut Street near Fourth, single room, no bath, $2; single room, with bath, $2.50 to $5; double room with bath, $4.50 to $6.

Tyler Hotel—250 rooms, Third and Jefferson Streets, single room, with bath, $2.50 to $5; double room, with bath, $4 to $8.

Elks' Hotel—200 rooms, Third and Chestnut Streets, single room, no bath, $2; double room, no bath, $3.50; single room, with bath, $2.50 up; double room, with bath, $4 up.

Louisville Hotel—225 rooms, Sixth and Main Streets, single room, no bath, $1.50 to $2.50; double room, no bath, $2 to $4; single room, with bath, $4 up; suites, $5 to $15.

Losair Hotel—155 rooms, 220 East Broadway, single room, no bath, $1.50; single room with bath, $2.50 to $3.50; double room, with bath, $4 to $6.

Plaza Hotel—150 rooms, 409-417 South Fifth Street, single room, no bath, $1.50; double room, no bath, $2.50; single room with bath, $2 to $3.50; double room, with bath, $3.50 to $5.

Kenton Hotel—100 rooms, Walnut Street near Fourth, single room, no bath, $1.50 to $2; double room, no bath, $2 to $2.50 single room, with bath, $2 to $2.50; double room, with bath, $3 to $4.

Victoria Hotel—100 rooms, Tenth and Broadway, single room, no bath, $1.50; double room, no bath, $2.50 up; single room, with bath, $2 up; double room, with bath, $3 up.

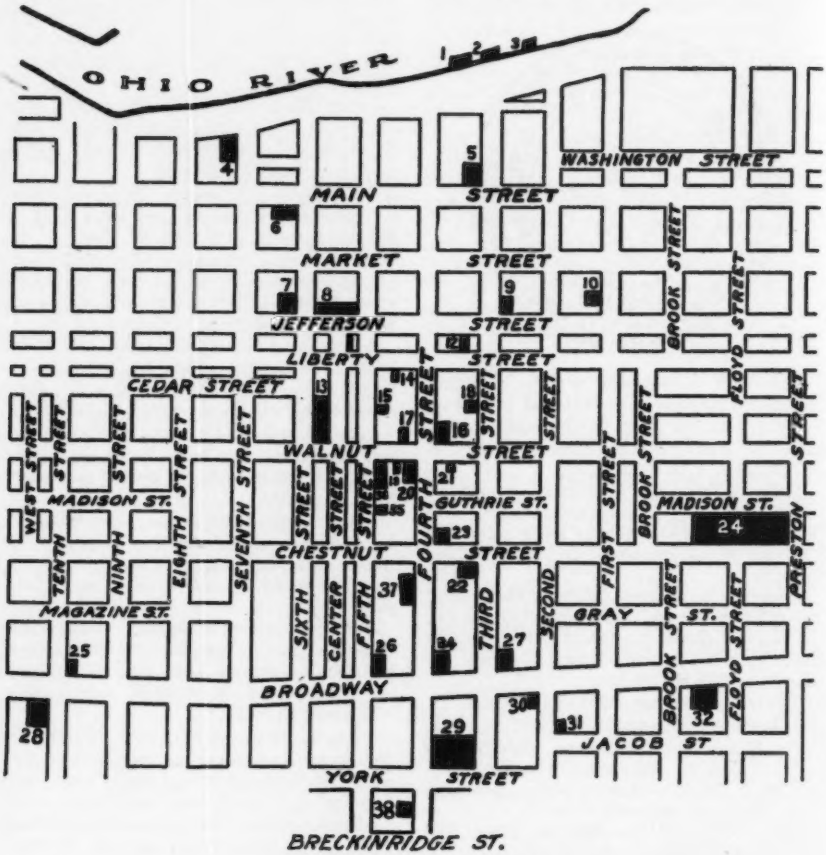
Hermitage Hotel—50 rooms, 543–545 South Fifth Street, single room, no bath, $1.50 up; double room, no bath, $2.50 up; single room, with bath, $2 up; double room, with bath, $3 up.

Berkeley Hotel—92 rooms; 664 South Fourth Street, single room, no bath, $1.50; double room, no bath, $2.50; single room, with bath, $2 to $3.50; double room, with bath, $3.50.

Cortlandt Hotel—150 rooms, 942 South Fourth Street, apartment hotel, single room, no bath, $1.50; double room, no bath, $2.50; single room, with bath, $2.50 up; double room, with bath, $4; suite of two bedrooms, sitting room and bath, $5.

Argonne Hotel—150 rooms, First and Chestnut Streets, single room, no bath, $1.50; single room, with bath, $2; double room, with bath, $4; suite of two bedrooms, sitting room and bath, $5.

22 Elks' Home and Hotel
25 Victoria Hotel
26 Chesterfield Apartments
32 Kosair Shrine Hotel
34 Brown Hotel



DOWNTOWN LOUISVILLE

INFORMATION

16 Louisville Convention and Publicity League
14 Louisville Automobile Club

HOTELS

6 Louisville Hotel
9 Tyler Hotel
15 Plaza Hotel
17 Watterson Hotel
19 Kenton Hotel
20 Seelbach Hotel
35 Hermitage Hotel
36 Kentucky Hotel

DEPOTS

2 Lou. & Cin. Packet Co., wharf
3 Falls Cities Ferry, wharf
4 Central Railroad Station
9 Union Bus Terminal
12 Louisville Rwy. Co., Int. Sta.
18 Interurban Station
26 Consolidated Bus Station
28 Union Railroad Station

Civic Buildings, Etc.

1 U. S. Coast Guard Station
5 Louisville Board of Trade
7 City Hall
8 Jefferson County Courthouse
10 Standard Printing Co.
13 Jefferson County Armory
23 Custom House & Postoffice
24 City Hospital
29 Louisville Free Public Library
37 Rialto Theatre

Clubs and Associations

21 Pendennis Club
22 Elks' Club and Hotel
27 Y. M. C. A.
30 Y. W. C. A.
31 Y. M. H. A.
32 Kosair Shrine Temple and Hotel
34 Kentucky Club
38 Knights of Columbus Auditorium

Transportation

Application has been made for a rate of one and one-half fare on the *certificate plan* for members attending the biennial nurses' convention in Louisville, Kentucky, June 4–9, 1928. Information as to the territory covered and the details of the "plan" will appear in a later issue of the *Journal*.

Members from the West

Round-trip summer tourists' rates, which will be effective May 22 to October 31, 1928, will be the lowest possible fares for members coming from Washington, Oregon, California, Idaho, Utah and Arizona, and from Montana territory, such as Butte and Missoula. These rates have the advantage of allowing return by a different route and also afford stop-over privileges. Summer tourists' rates from points named to Louisville, in 1927, are given below; they will be approximately the same for 1928.

From	
Seattle, Wash.	$105.00
Tacoma, Wash.	105.00
Portland, Ore.	105.00
Victoria, B. C.	105.00
Vancouver, B. C.	105.00
San Francisco, Calif.	105.88
Los Angeles, Calif.	105.88
Spokane, Wash.	99.75
Missoula, Mont.	99.75
Salt Lake, Ogden	92.73

Local passenger agents will arrange for special cars from any point when the number of members applying for reservations warrant it. Examples of the time required for the trip from the west are given below.

From the Pacific Northwest

Via C. M. & St. P. R. R.—The world's longest electrified railroad crossing the Cascades, Bitter Root and Rocky Mountains.

Example in days	*Olympian*	*Columbian*
May 31 Lv. Tacoma ...	8:15 A.M.	7:15 P.M. May 31
May 31 Lv. Seattle	9:30 A.M.	8:45 P.M. May 31
May 31 Lv. Spokane...	8:50 P.M.	8:00 A.M. June 1
June 1 Lv. Missoula ..	6:40 A.M.	5:38 P.M. June 1
1 Lv. Butte.....	10:20 A.M.	9:20 P.M. June 1
2 Lv. Minneapolis	8:50 P.M.	8:10 A.M. June 3
2 Lv. St. Paul ...	9:30 P.M.	8:50 A.M. June 3
3 Ar. Chicago ...	9:25 A.M.	8:45 P.M. June 3

From San Francisco, Calif.

Via Southern Pacific, Union Pacific, C. M. & St. P. R. R.

May 31.	Lv. San Francisco	4:00 P.M.
31.	Lv. Oakland	4:33 P.M.
31.	Lv. Berkeley	4:41 P.M.
31.	Lv. Sacramento	7:35 P.M.
June 1.	Lv. Ogden	7:25 P.M.
3.	Ar. Chicago	2:00 P.M.

From Chicago to Louisville, via Direct Routes

Via Pennsylvania Railroad, New Union Station

Lv. Chicago ...	10:00 A.M.	11:00 P.M.
Ar. Louisville ..	6:35 P.M.	7:30 A.M.

Via Monon Route, Dearborn Station

Lv. Chicago ...	9:00 A.M.	9:00 P.M.
Ar. Louisville ..	7:20 P.M.	7:30 A.M.

Due to the frequent regular and "extra fare" trains from Los Angeles via Santa Fe, Union Pacific and Southern Pacific, with rates applying through New Orleans, Memphis, St. Louis and Chicago gateways, it is suggested that members in southern California and the southwest secure information from their own stations as to attractive routes, scenic advantages and stop-overs.

All of the information above has been furnished through the Chicago, Milwaukee, St. Paul and Puget Sound Railway.

From the East

The Baltimore and Ohio Railroad will arrange for a special train starting from New York and picking up nurses in Philadelphia, Baltimore and Washington. The exact time for this train has not been decided upon, but an effort will be made to adjust it to the wishes of

the majority of members. The time and details in connection with this train will be given in a later issue.

Nurses wishing to stop over in Cincinnati to visit the new Children's Hospital and the many other new hospital buildings will find adequate service between Cincinnati and Louisville, the Louisville and Nashville maintaining practically a suburban service between the two points. The time is between two and three hours and the one way fare is $4.31. The Baltimore and Ohio also maintains a service between the two cities.

NEW ORLEANS

The Illinois Central maintains an "All-Pullman" train leaving New Orleans at 12:30 P.M. and arriving in Louisville at 7:59 A.M. Members in the vicinity of Memphis may board this train at 9:00 P.M.

The one-way fare from New Orleans to Louisville is $27.88. An extra fare of $2.00 is charged on the Panama Limited.

ANNA DRAKE,
Chairman Transportation Committee.

Program

The program subjects under consideration for the joint sessions are Group and Hourly Nursing, and Registries, and Mental Hygiene. There will of course be a report from the Committee on the Grading of Schools of Nursing.

By the time the March *Journal* appears, the program will be further along and more information can be given both on the joint and the individual sessions of the organizations.

Nurses' Relief Fund

REPORT FOR DECEMBER, 1927

Balance on hand November 30, 1927	$16,405.36
Interest received on investments	837.74
Interest received on bank balances	81.46
Income from J. A. Delano Fund	70.12
	$17,394.68

Contributions

Alabama: District 1, $19.40; District Association T. C. I. Hosp. Alumnae, Thanksgiving offering, $22	$41.40
California: District 1, Alameda, $2; District 13, Santa Cruz, $25; District 16, Orange, $10.	$37.00
District of Columbia: Five individual contributions	8.00
Illinois: District 1, individual contributions, $3; Augustana Alumnae, $25; Chicago Hosp. Alumnae, $25; St. Joseph's Hosp. Alumnae, $50; American Hosp. Alumnae, $10; District 2, $25; District 3, $158.06; District 4, $5.30; District 5, $68.37; District 6, $5; Brokaw Hosp. Alumnae, $15; individual contributions, $5; District 8, $7; Monmouth Hosp. Alumnae, $9; Macomb Hosp. Alumnae, $5.50; Blessing Hosp. Alumnae, $30; District 11, Methodist Hosp., Matoon, $15; Burnham City Hosp. Alumnae, $5; Olney San Alumnae Association $10; individual contributions $11; District 13, $66; District 14, $10; individual contribution, $15	578.23
Iowa: Bequest to Relief Fund by Cecelia Streif	100.00
Kentucky: Western District	50.00
Maine: Western District members $7; St. Barnabas Hosp. Alumnae, $13	20.00
Massachusetts: McLean Hosp. Alumnae, $5; Memorial Hosp. Alumnae, Worcester, $5; individual contribution, $1	11.00
Michigan: $1 per capita for 821 members of State Association	821.00
Minnesota: District 3, St. Mary's Alumnae Minneapolis, $3; Fairview Alumnae, $1; District 4, St. John's Hosp. Alumnae, Red Wing, $7; Bethesda Hosp. Alumnae, St. Paul, $4; Ancker Hosp. Alumnae, $15; District 5, Mankato, individual contributions, $15.50	45.50
Missouri: District 3, St. Louis, Lutheran Hosp. Alumnae, $8; St. Luke's Hosp. Alumnae, $169; Missouri Baptist San. Alumnae, $144; Jewish Hosp., $10; Christian Hosp. Alumnae, $10; District 7, University of Mo. Alumnae, Columbia, $4	345.00

Nebraska: District 1, Hastings, $2; District 2, St. Catherine's Hosp. Alumnae, $25; individual contributions, $10; District 3, Lincoln, Lincoln San. Alumnae, $16; Dr. Bailey's Alumnae, $31; Dr. Ball's Alumnae, $7; The Mennonite Hosp. Alumnae, $2.65; York Lutheran Hosp. Alumnae, $14; St. Elizabeth Hosp. Alumnae, $19; individual contributions, $38	$164.65
New Jersey: District 1, Orange Memo. Hosp. Alumnae, $45; Mountainside Hosp. Alumnae, $105; Elizabeth Genl. Hosp. Alumnae, $15; Beth Israel Hosp. Alumnae, $10; District 2, Hackensack Hosp. Alumnae, $25; District 3, Mercer Hosp. Alumnae, $40; McKinley Hosp. Alumnae, $24; District 5, District Association members, $73; individual gift, $10	347.00
New York: District 2, Rochester, St. Mary's Hosp. Alumnae, $25; District 6, Watertown, $31; District 8, Physician's Hosp. Alumnae, $15; District 12, $25; District 13, Staten Island Hosp. Alumnae, $25; One table and card party, $6; Manhattan Hosp. Alumnae, $15; individual contributions, $11; district 14, Brooklyn Hosp. Alumnae, $50; Jewish Hosp. Alumnae, $25; Metropolitan Hosp. Alumnae, $25; St. Mary's Hosp. Student Nurses, $10; individual contributions, $2.	265.00
Ohio: St. John's Hosp. Alumnae, Cleveland	25.00
Oklahoma: District 1, $18; District 3, $2; District 4, $15	35.00
Pennsylvania: Fund collected for 1927, $4,780; Chester County Hosp. W. Chester, $10	4,790.00
South Dakota: District 2, $50; District 3, (100 per cent), $60	110.00
Texas: State Association, $100; District 1, $37; District 2, $44; District 3, $100; District 4, $50; District 5, $58; District 6, $62; District 7, $44; District 8, $214; District 9, $50; District 10, $34.50; District 11, $47; District 12, $87; District 13, $46; District 14, $25; District 15, $10	$1,008.50
	$8,802.28
Total receipts	$26,196.96

Disbursements

Paid to 185 applicants	$2,692.00	
Salary	100.00	
Postage	25.00	
Printing	12.15	
Misc. expense	2.35	
		2,831.50
Balance December 31, 1927		$23,365.46
Farmers' Loan and Trust Co.	$14,656.43	
National City Bank	3,085.64	
Bowery Savings Bank	5,623.39	
	$23,365.46	
Invested funds		$116,575.87
		$139,941.33

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York. If the address of the state chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association, at the address given above. For application blanks for beneficiaries apply to your own alumnae or district association, or to your state chairman. For leaflets and other information address the state chairman, or the Director of the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund

REPORT TO JANUARY 9, 1928

Previously acknowledged	$32,526.07
Receipts since December 12, 1927	
District of Columbia: Garfield Memorial Hospital Alumnae, Washington	10.00
Illinois: Fifth District Association, Moline	5.00

Kentucky: Western District ...	$10.00
New York: Brooklyn Hospital Alumnae, $10; Alumnae Assn. New York Post Graduate Hospital, 5	15.00
Total	$32,566.07

MARY M. RIDDLE, *Treasurer.*

The McIsaac Loan Fund

REPORT TO JANUARY 9, 1928

Balance, December 12	$825.99
Omitted by error	.88
True balance	$826.87
Receipts	
District of Columbia: Garfield Memorial Hospital Alumnae, Washington	$5.00
Illinois: Fifth District Assn., Moline, $5; Alumnae Assn. Illinois Training School, Chicago, through legacy from Lucy Clark, $502	507.00
Kentucky: Western District....	10.00
New York: Brooklyn Hospital Alumnae	10.00
Washington: State Association..	25.00
Total	$1,383.87

MARY M. RIDDLE, *Treasurer.*

Contributions to both funds are solicited from associations or from individuals. Checks should be made out separately and sent to Mary M. Riddle, Treasurer, care *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y. Leaflets describing the purposes of the funds or application blanks may be obtained from the Secretary, Katharine DeWitt, at the same address.

Army Nurse Corps

During the month of December, 1927, members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Deborah B. Richter; to Fitzsimons General Hospital, Denver, Colorado, 2nd Lieut. Rose C. Charvat; to Jefferson Barracks, Missouri, 2nd Lieut. Clara Swenson; to Fort Leavenworth, Kansas, 2nd Lieut. Hulda Svenson; to Letterman General Hospital, San Francisco, California. 1st Lieut. Agnes F. James; to Camp Meade, Maryland, 2nd Lieut. Ella J. Brown; to Walter Reed General Hospital, Wash., D. C., 1st Lieut. Katherine E. Magrath, 2nd Lieuts. Karoline E. Nilson, Taletta Haraldson; to West Point, New York, 2nd Lieut. Bess T. Sydnor; to Hawaiian Department, 2nd Lieut. Anna L. Slater.

Nine have been admitted to the Corps as 2nd Lieuts.

The following named, previously reported separated from the service, has been reassigned: 2nd Lieut. Evelyn B. Pahl, Walter Reed General Hospital.

The following named are under orders for separation from the Corps: Florence I. Hilyer, Maude H. Littleton, Mabel Strom, Vivian M. Knight, Mildred L. Sargent, Martina E. Coombs, Jane E. Nowotny, Mary A. Pierce, Elsie S. Ohlson, Nellie D. Riley, Elsie E. Goodman, Annie C. Pohler.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

During the month of December, six nurses were appointed and assigned to duty.

Transfers: to Annapolis, Md., Alma M. Painter, Ada E. Griffiths; to Canacao, P. I., Minnie D. Stith, Chief Nurse, Williamina M. Laurenson, Ada Pearl Baird; to Chelsea, Mass., Mary J. Miney; to Guam, Ruth B. Mentzer, A. Frances Womack; to Mare Island, Calif., Kathryn V. Sheehan; to New York, N. Y. Dispensary, Navy Yard, Adah M. Pendleton, Chief Nurse; to New York, N. Y., Margaret E. O'Connell; to Norfolk, Va., Borghild Reed, Helen M. Spruill; to Pearl Harbor, T. H., Frances L. Winkler, Chief Nurse, Anna A. Reimers, Gertrude M. Burke; to Pensacola, Fla., Cornelia A. Armstrong; to Port Au Prince, Haiti, Irene Robertson, Chief Nurse, Lucy H. Russell, Louise H. Kafka; to Puget Sound, Wash., Edna M. Callanan; to San Diego, Calif., Sue S. Dauser, Chief Nurse, Lois M. Harkness, Alice G. Boyd; to Tutuila, Samoa, Helen S. Wood, Chief Nurse, Ruby L. Baldwin; to U.S.S. *Relief*, Erica Purdum, Joyce Purdum; to Washington, D. C., Mildred E. A. Marean.

Promoted to grade of Chief Nurse: Irene Robertson.

Honorable discharge: Gertrude L. Peters.

Resignation: Frances Ueman, Sarah Nicolson, Lutie L. Dodson, Reuel E. Pearson,

Opal E. Burns, Willie Tinsley, Emma J. Rieder.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service

REPORT FOR DECEMBER, 1927

Transfers: to Baltimore, Md., Rosalie Manwiller; to Louisville, Ky., Pearl Ellison; to Chicago, Ill., Mildred Pratt, Tessie Horrigan; to Boston, Mass, Maud Greenleaf; to Stapleton, N. Y., Alice McMullen; to San Francisco, Calif., Theo Williamson, Mary L. Brady, Jessie MacFarlane; to Savannah, Ga., Ethel McCay; to Hudson St., New York, Eileen O'Brien; to Gallops Island, Boston, Beatrice Bona.

Reinstatements: Ruth S. Leist, Daisy Cotey, Grace Doran, Anna D. Cornett.

New assignments: Nine.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau

REPORT OF NURSING SERVICE FOR DECEMBER, 1927

Assignments: (new), forty-five.

Transfers: to Sunmount, N. Y., Catherine Gibbons.

Reinstatements: Adeline Kunz, Mary Nagel, Catherine Flannery.

MARY A. HICKEY,
Superintendent of Nurses U. S. V. B.

Department of the Interior

OFFICE OF INDIAN AFFAIRS
REPORT FOR DECEMBER

Appointments: four

Transfers: to Salt River Agency, Arizona, Teresa McGowan.

Resigned: Jeanette Haan.

ELINOR D. GREGG,
Supervisor of Field Nurses.

American Hospital Association

PROTESTANT HOSPITAL ASSOCIATION

THE PROTESTANT HOSPITAL ASSOCIATION will meet in San Francisco, August 4, 5, and 6, and the AMERICAN HOSPITAL ASSOCIATION, August 6–10, in the same city. Some information regarding rates may already be obtained from John A. McNamara, 660 Cass Street, Chicago. Alluring special trips to Hawaii are being planned to follow the conventions. Dr. Bert W. Caldwell, formerly Superintendent of the Tampa Memorial Hospital, Tampa, Fla., became Executive Secretary of the American Hospital Association on January 1, succeeding Dr. W. H. Walsh.

United States Civil Service Examinations

The United States Civil Service Commission announces the following open competitive examinations: Graduate Nurse, Graduate Nurse (Visiting Duty), Graduate Nurse (Junior Grade).

Applications for these positions will be rated as received by the Civil Service Commission at Washington, D. C., until June 30. The examinations are to fill vacancies in the Departmental Service, Washington, D. C., in the Veterans' Bureau, and in the Indian and Public Health Services. For the positions in the Indian Service women only (and without dependents) are desired; for the other positions both men and women are desired. Competitors will not be required to report for examination at any place, but will be rated on their education, training, and experience.

Full information may be obtained from the United States Civil Service Commission at Washington, D. C., or the Secretary of the United States Civil Service Board of Examiners at the post office or customhouse in any city.

Commencements

Maine: Biddeford.—THE WEBBER HOSPITAL, a class of four, on January 4, with an address by Dr. Henry H. Brock. **Lewiston.**—CENTRAL MAINE GENERAL HOSPITAL SCHOOL OF NURSING, a class of thirteen, on December 27, with addresses by Dr. E. V. Call, and Dr. A. L. Brett.

State Boards of Examiners

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants in Lansing, March 8 and 9.

State Associations

Colorado: THE COLORADO STATE ASSOCIATION will hold its annual meeting in Salida, February 9.

Connecticut: THE GRADUATE NURSES' ASSOCIATION will hold its annual meeting in New Haven, February 7–9. An outline of the program as planned is:

February 7, Educational Section. Morning, two round tables. Afternoon, demonstration by student nurses. An address on the work of the Grading Committee by Dr. May Ayres Burgess. Evening session, speaker to be announced.

February 8, Public Health Nursing Section. Morning, session for public health nurses. Session for Board Members' Division. Afternoon, joint meeting. Evening, annual banquet at the Lawn Club.

February 9, Morning, Private Duty Section. Directors, Graduate Nurses' Association. 11.30, State Red Cross Committee. Afternoon, Graduate Nurses' Association.

Delaware: The annual meeting of the DELAWARE STATE ASSOCIATION was held on January 26, the business meeting at 4 p. m., and an evening session.

Maine: THE MAINE STATE NURSES' ASSOCIATION held its annual meeting at Augusta, January 6–7. A report has not yet been received.

Maryland: THE MARYLAND state organizations held their annual meetings January 25–27, too late to have a report in this issue of the *Journal*.

Michigan: The seventh annual PUBLIC HEALTH CONFERENCE under the auspices of the Michigan State Department of Health and the Michigan Public Health Association was held in Lansing, January 11–13.

Rhode Island: THE RHODE ISLAND STATE NURSES' ASSOCIATION met at the Rhode Island Medical Society Library, Providence, on December 7. Following a business meeting, Mary K. Nelson, who has just returned from three years' nursing work in Turkey, addressed the meeting on "Nursing Conditions in Turkey." Following Miss Nelson's discourse, Janet Geister, Executive Secretary American Nurses' Association, spoke on the "Private Duty Nurse." Preceding the meeting Miss Geister met and lunched with representatives from the Private Duty Section. The annual meeting, held January 31, will be reported later.

Utah: THE UTAH STATE NURSES' ASSOCIATION at its last annual meeting elected the following officers: President, Laura Willes; vice president, Ella Wicklund; secretary, Laura Heits; assistant secretary, Irene McFarland; treasurer, Melba McDonald. Chairmen of committees are: Credential, Nina Jacobhagen; Program, Publication and Press, Mrs. E. G. Richards; Legislation, Laura Bradley; Nomination, Luella Hyatt; Relief Fund, Mrs. Anna West.

District and Alumnae News

Alabama: Montgomery.—The second annual meeting of ST. MARGARET'S HOSPITAL ALUMNAE ASSOCIATION was held December 17 at the Nurses' Home. The officers are: President, Mrs. Annie O'Hara; vice president, Dixie Gilliland; secretary, Emmie Snead; treasurer, Sarah Sellers. The next meeting will be held March 3.

District of Columbia: Washington.—The December meeting of the DISTRICT LEAGUE OF NURSING EDUCATION was held at the Nurses' Club. J. Beatrice Bowman, Superintendent, Navy Nurse Corps, Ruth Taylor, Instructor, Walter Reed General Hospital, and Marie Baurle, Instructor, Emergency Hospital, discussed the following problems: Does the employment of graduate nurses in the wards relieve students of a responsibility which they should have in order to cope with the nursing work after they graduate? Are nurses undeveloped when they graduate? Do they lack a sense of responsibility, intuition, force, and practicality? Does the employment of so many graduate nurses prevent the student nurses from being properly trained in the care of the very sick patients? Much enthusiasm was shown in the general discussion which followed the presentation of the papers.

Georgia: Atlanta.—THE UNIVERSITY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the Hospital, November 17, electing the following officers: President, Mrs. Olive Barbin; vice presidents, Nina Jones, Harriet White; secretary, Mrs. Frances King; treasurer, Carrie O'Bannion. Chairmen of committees are: Program, Billie Carroll; nominating, Debbie Moseley.

Illinois: Chicago.—The graduates of THE RAVENSWOOD HOSPITAL SCHOOL OF NURSING, 1917 Wilson Avenue, are asked to communicate with the Principal, Mrs. Nan H. Ewing, as soon as possible.

Iowa: Des Moines.—The annual "Homecoming" of the IOWA METHODIST HOSPITAL ALUMNAE ASSOCIATION was held January 11, at the Nurses' Home. The very clever entertainment consisted of a program put on by doctors and student nurses in a Hawaiian setting and with guitars and grass skirts much in evidence. Officers elected were: President, Mrs. Violet Anderson-Kepford; vice presidents, Olive Schill and Mrs. Gladys McMurray Ransom; secretary, Mrs. Dubois; treasurer, Mrs. Julia Kvale.

Michigan: Battle Creek.—BATTLE CREEK DISTRICT has the following officers for 1928: President, Ruth Tappan; vice president, Josephine Nichols; corresponding secretary, Clara Gasser; secretary, Mary Edgar; treasurer, Mrs. Forrest Monahan.

Minnesota: Montevideo.—The following officers were elected at the annual meeting of the MONTEVIDEO HOSPITAL ALUMNAE ASSOCIATION: President, Mrs. R. C. Nelson; vice president, Charlotte Borene; secretary and treasurer, Elsie Koien.

New York: Albany.—Nurses of Capitol DISTRICT No. 9 held their regular meeting at St. Peter's Hospital, guests of the Alumnae Association, Sister M. Carmelita, official hostess. Caroline Garnsey, State Executive Secretary, was present and gave a most inspiring and helpful talk, stressing the need and advantage of an outlined program for the year. Loretta Craven, President, and Mrs. Marie A. Peters, read interesting reports of the State Convention held in Rochester. The time and serious thought given to these reports was greatly appreciated by the nurses unable to attend. An outstanding feature of the meeting was the attendance of 42 student nurses from the hospitals in the district. **Brooklyn.**—At the regular meeting of the Board of Directors of the LONG ISLAND COLLEGE HOSPITAL ALUMNAE ASSOCIATION, held January 3, the resignation of Mrs. Gertrude Wood was accepted. The office of president will be filled by Mabel Kenney, the first vice president. **New York.**—The new officers of ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION are: President, C. M. Cutter; vice president, C. Renneker; corresponding secretary, Rachael Torrance, 337 West 88th Street; recording secretary, Eleanor Simmons; treasurer; Mrs. Hugh Jack. The annual meeting of the NEW YORK POST GRADUATE HOSPITAL NURSES' ALUMNAE was held at the Nurses' Home, January 3. The following officers were elected: President, Jean Strathie; first vice president, Margaret Tucker; secretary, Agnes B. Williams; treasurer, Mary M. Weiss. **Rome.**—The following officers were elected at the annual meeting of the ROME HOSPITAL ALUMNAE ASSOCIATION, held December 27: President, E. Hazel Golley; vice president, Gertrude Fitzgerald, secretary, Elizabeth Griffin; treasurer, Etta Wolfe. **Utica.**—DISTRICT No. 7 met on January 11, at the New Century Club. The speaker was Dr. Malcolm T. MacEachern, Chicago, director of the Hospital Activities of the American College of Surgeons. He spoke on "Important Considerations Concerning Nursing," and brought out some very interesting facts, saying that the difference in death rates in the hospitals of today and those of a few years past are in ratio to nurses to patients. He emphasized the importance of central registry and also group nursing. He showed two films—one "Nursing our Neighbors," and the other "Fires of Life." In the afternoon, Dr. MacEachern visited the Utica State Hospital and complimented the efficiency of that organization. Two hundred and fifty persons were present at the evening meeting, including a large representation of the Oneida County Medical Society. District No. 7 was invited to a lecture given under the auspices of the Council of Social Agencies, at which Dr. Haven Emerson is to talk on a "Community Health Program."

Pennsylvania: Ashland.—THE ASHLAND STATE HOSPITAL ALUMNAE held their annual reunion and banquet, December 14, at the Loeper Hotel. Ida J. Lockett, delegate to the state convention at Erie gave a very interesting report. Alice Spangler, Lebanon, also gave an interesting talk on the official registry for the private duty nurse. The new officers are: President, Mary Kurchinsky; vice presidents, Elizabeth F. Wenk, Anna Jenkins; secretary, Nellie M. Weaver; associate secretary, Martha Nocton; treasurer, Mrs. Clair Young. The secretary reported that there are seventy active members and four associate members in the association. Ten new members were taken into the association at the meeting.

Tennessee: On January 5, the WEST TENNESSEE RURAL PUBLIC HEALTH NURSES' ORGANIZATION met in Trenton, electing the following officers: President, Mrs. Elizabeth Keller, Union City; vice president, Mrs. John Pearson, Humboldt; secretary and treasurer Elizabeth Garrison, Dresden. Program committee chairman, Mrs. John Pearson.

Virginia: Richmond.—Dr. Louis B. Wilson, Director of the Mayo Foundation for Medical

Education and Research, was the Founder's Day speaker at the ninetieth session of the Medical College of Virginia, on January 20. At the same time the corner stone was laid for Cabaniss Hall, the new women's dormitory which will serve chiefly the school of nursing.

West Virginia: Huntington.—An alumnae Association of the CHESAPEAKE AND OHIO SCHOOL has been organized with the following officers: President, Mrs. Ruby Herbert Ray; vice president, Mrs. Jessie Dill Reaser; secretary and treasurer, Pearl Droddy.

Wisconsin: Milwaukee.—DISTRICT FOUR AND FIVE held its fourteenth annual Christmas party for children at the Nurses' Club, December 23. Seventy-five children were guests, all of whom were known to the Milwaukee Visiting Nurse Association and the City Health Department nurses.

Nurses Honored

Anna C. Maxwell and Elizabeth A. Greener have been signally honored by the French Government. Each has been awarded, through French diplomatic channels, a silver Medal of Hygiene which carries the following inscription

"Medaille d'Honneur de l'Hygiene"
"Ministere du Travail de l'Hygiene de l'Assistance et de la Prevoyance Sociales."

Too Late for Classification

An average of forty minutes per day is spent on each woman in supplying her with the necessary bedpans. No small part of this time is spent in carrying heavy screens to and from the bed and in recleansing used bedpans. A bedpan maid, if one were supplied, would cut this time in half. Enclosing each bed in a curtained cubicle would likewise reduce the time needed to carry out not only this procedure, but most of the others as well.

From "Time Study of Nursing Procedures Used in the Care of a Variety of Surgical Cases." Yale School of Nursing, Bulletin No. I.

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will conduct examinations at the Philadelphia General Hospital, Philadelphia, and at the Carnegie Institute of Technology, Pittsburgh, on February 25, at 9 a. m.

The editorial on putting Nursing in the libraries had hardly been tapped out on a typewriter when along came the list of Health Books published by the New York Municipal Reference Library for the convenience of doctors and nurses. The subheadings are: General Administration, Child Hygiene, Sanitation, Preventable Diseases, Statistics, Foods and Nursing. This library has long been cordial to nurses and their needs.

Deaths

Frances Anne Irvin (graduate of the first class, South Carolina State Hospital) in Columbia, S. C., April 16, 1926. Miss Irvin served the hospital faithfully for thirty years and more, as nurse and supervisor of nurses. After 1914, she did private duty nursing for several years and then took a position at the Waverly Sanatorium. She was dearly loved by patients and nurses.

Maude Johnson Silver (class of 1911, The Christ Hospital, Cincinnati, Ohio) on December 14, after four days' illness with lobar pneumonia. Miss Silver gave continuous service in The Christ Hospital after her graduation and was appointed Assistant Supervisor of Nurses in 1912 which position she held until December, 1922, when she was unanimously elected Superintendent of Nurses, a position she filled so admirably to the day of her death. She loved her work and discharged the duties entrusted to her with painstaking care. Her sense of duty never permitted her to spare herself. She was modest and retiring in her bearing with stern principles founded upon religious conviction. She required, however, no more of others than of herself. Her life stands out in its full richness of effort and accomplishment. Her spirit and work live on to comfort and bless all those enlisted in the battle against disease and death. Her deep sympathy for the sick and suffering and her high ideals of service to humanity won the love and respect of her associates and students. Her loss is keenly felt.

Harriette Gwynne Wilson (class of 1905, Rochester General Hospital, Rochester, N. Y.) at the Cottage Hospital, Santa Barbara, Calif., December 9, after a long illness.

About Books

REBUILDING THE CHILD. A study in malnutrition. By Frank Howard Richardson, M.D. 313 pages. 44 illustrations. G. P. Putnam's Sons, New York. Price, $2.00.

ONE who is familiar with the previous writings of Dr. Richardson will be inclined to read this book without waiting for anyone's "say so" in regard to it, for one knows that he will say something worth while and will say it clearly and with conviction.

The first half of the book presents the serious picture of malnutrition, not as a vague descriptive term, but as a disease with causes, effects, and, thankfully let us say it, a cure; for it is a disease from which many children are suffering today. One is impressed with the fact, as one reads, that the author is speaking with all the weight of one who has a wealth of clinical experience behind him which makes him know whereof he speaks.

Five chapters are devoted to the five classifications of causes of malnutrition: Faulty Health Habits, Faulty Food Habits, Family Strain, School Strain, Physical Defects; and a sixth to Fatigue as a symptom, perhaps, of all these causes. These chapters are worthy of even greater amplification than they have received, for the half is not yet told, and what has been said is so well said that one wishes for more. In the last analysis we must be convinced of the root of the evil and then strike at the root if we would truly conquer malnutrition, that is, prevent it.

If these subjects of causes and their prevention could have received more attention, possibly by incorporating some of the material found in the various chapters in the last part of the book, the result might have been a book more logical in its sequence and a book primarily of great value to parents in whose hands the prevention of malnutrition to a great extent lies.

As it is, the latter part of the book which contains chapters on the Nutrition Class, Overweight, Posture, Mentality and Nutrition, the Cure, and What Has Been Written about Malnutrition, is disappointing and the book seems to be on the whole a book not especially fitted either for parents or for the professional people—physicians, nurses or nutrition workers.

For example, the principles underlying the methods used in nutrition classes would be most helpful and illuminating to parents in dealing with their own children, but a discussion of the organization and administration of such classes with records used, and other such details, does not seem to have a place in such a book. It is difficult in one and the same book to attempt to reëducate parents and to give to the professional people a statement of the problem of what reëducation of parents means and the methods which they should use in attempting to do it.

What to feed the child—only a part of the problem of nutrition as Dr. Richardson says, but still an important part—is a matter about which parents need much help, as all who study home menus know, and in this matter one wishes the author had given more help. The mineral content of different foods and the vitamin content, as well, are subjects about which parents need enlightenment as much as the caloric value, but iron and calcium receive no

mention and the foods rich in the necessary vitamins are not listed, an omission which one regrets.

And yet, in spite of the disappointments in the book, one carries away the clear-cut analysis of causes and feels that Dr. Richardson has indeed found the sources from which come that far-too-long procession of children in the clutches of the disease malnutrition.

WINIFRED RAND, R.N.
Detroit, Mich.

FOOD AND DIETETICS. By Robert Hutchinson, M.D., F.R.C.P. Sixth edition. 610 pages. Illustrated. William Wood & Co., New York, Price, $5.00.

"FOOD AND DIETETICS" has always been one of the best reference books for those teaching or applying dietetics and this edition embraces all the newer ideas and theories. There are many valuable additions in this edition; for example, in Chapter II, on proteins; the Sippy Diet, on page 518; and some changes and additions in the method of treating nephritis, Chapter XXVIII, part 6.

The diagrams showing the composition of foods are of importance and will increase in value as we know more about the application of these facts.

Every library for those interested in all lines of dietary treatment should include "Food and Dietetics" for reference.

BERTHA M. WOOD.
East Northfield, Mass.

THE NORMAL DIET. By W. D. Sansum, M.S., M.D., F.A.C.P. Second edition. 136 pages. The C. V. Mosby Co., St. Louis. Price, $1.50.

THE "Normal Diet" is given in this second edition in the same easy readable form which made the first edition helpful to so many patients. The two chapters on the two types of acidosis are interesting and in time we may find that the theory is accepted.

For the patient who enjoys thinking and planning much concerning what to eat, this book would be a great comfort. It would be well for every nurse, both graduate and undergraduate, to read Chapter II on constipation.

BERTHA M. WOOD.
East Northfield, Mass.

THE DIABETIC LIFE. By R. D. Lawrence, M.A., M.D., M.R.C.P. (London). Third edition. 185 pages. 11 illustrations. P. Blakiston's Son and Company, Philadelphia. Price, $2.50.

PATIENT, doctor, or nurse will find this book pleasant reading. It is written in such a manner that one feels as if in personal conversation with Dr. Lawrence. On this account it is valuable to the private duty nurse, as any diabetic patient who is at all interested in his condition will enjoy having the book read to him.

The new ideas presented in this edition are those on the mode of insulin action and the ketone ratio. The chapter on synthalin is valuable. Dr. Lawrence expresses hope that some day it may be available but states it is early to appraise the value of the drug. It is a book well worth having for reference.

BERTHA M. WOOD.
East Northfield, Mass.

HANDBOOK ON POSITIVE HEALTH. Revised. Women's Foundation for Health, 370 Seventh Ave., New York. Price, $1.50.

THE 1928 edition includes two new chapters of remarkably fresh and practical material, one from Mary

Swartz Rose, Ph.D., Teachers College, Columbia University, on Food Values; and the other from Lillian M. Gilbreth, Ph.D., Consulting Engineer, on the Balancing of Work and Rest. The contributors to the first edition, appearing also in the second, are: Professor E. V. McCollum, Johns Hopkins, "Nutrition in Relation to Health"; Walter B. Cannon, M.D., "The Heritage of Life"; William A. White, M.D., St. Elizabeth's Hospital, Washington, D. C., and Jessie Taft, Ph.D., Department of Child Study, Philadelphia, Pa., "Mental Health"; and E. C. Lindeman, New York School of Social Work, New York City, "Recreation." The interpretation of the health examination blanks, both medical and physical, and a chapter on good body mechanics are also carried over from the first edition.

TOBACCO AND PHYSICAL EFFICIENCY. A digest of clinical data with annotated bibliography. By Pierre Schrumpf-Pierron, M.D. Published under the Auspices of the Committee to Study the Tobacco Problem. 134 pages. Paul B. Hoeber, Inc., New York. Price, $1.85.

THIS book contains a digest of clinical data on the subject which have appeared in many languages. The annotated bibliography fills more than half of the pages. It is published under the auspices of the Committee to Study the Tobacco Problem of which Dr. Alexander Lambert is chairman.

Further controlled clinical and laboratory studies seem desirable in order to attain more precise knowledge regarding the ultimate effect of prolonged moderate use of tobacco, as well as its free use. Still more important, however, is statistical research as to the influence of tobacco as ordinarily used among large groups of people as compared with the effect of abstinence among similar groups. This will answer the question as to the effect of tobacco usage on society far more completely than could possibly be done by any amount of clinical observation or laboratory experience.

FINDING THEMSELVES. The Letters of an American Army Chief Nurse in a British Hospital in France. By Julia C. Stimson, M.A., R.N. Illustrated. 231 pages. The Macmillan Company, New York. Price, $2.

A SERIES of letters, first published in 1918, written by Major Stimson to her family while she was Chief Nurse of Base Hospital 21 (St. Louis), which was stationed at General Hospital 12, British Expeditionary Forces, Rouen, France.

The dramatic story has lost none of its poignant interest by the passage of time.

SMALLPOX IS PREVENTABLE. 20 pages. American Association for Medical Progress, Inc., 370 Seventh Avenue, New York City. Price, 100 or more, $4.

THIS is a pamphlet which calls timely attention to the fact that smallpox is still a disease to be reckoned with, especially in cities where vaccination has been neglected or even opposed. In a single western city there were 3,641 cases of smallpox, in 1924, of which 97 per cent were in persons who had never been vaccinated. There was another epidemic in the same city in 1926.

It gives a brief, popular and authoritative account of the disease; a discussion of vaccination theory and practice; the story of several epidemics and the part played in them by vaccination; and an analysis of the relation between state vaccination laws and the prevalence of smallpox. Tables compiled from figures

published in United States health reports and other authoritative sources sustain the conclusions that: (1) vaccination protects the individual, (2) systematic vaccination protects the community, and (3) enforcement of adequate laws is the one effective means of providing communal security against the return of this hideous disease.

THE AMERICAN PUBLIC HEALTH ASSOCIATION has available a vest-pocket edition of the Report of the Committee on Control of Communicable Diseases which may be had at the price of 25 cents per copy. Special price for quantities, namely

26–50 copies.....	20 cents
51–100 "	18 "
101–500 "	15 "

This report should prove invaluable to private duty and public health nurses. It contains, in compact form, absolutely authoritative data on periods of quarantine, etiology and treatment.

THE PRINCIPLES OF SANITATION. By C. H. Kibbey. 354 pages. F. A. Davis Co., Philadelphia. Price, $3.50.

THIS book has been prepared as a practical handbook for public health workers, especially for sanitary inspectors who may or may not have had technical training. The book is based upon a series of lectures and demonstrations given by the author to inspectors.

Chapters dealing with the cause and prevention of communicable diseases are largely non-technical in make-up, but give the essential facts for the group of readers for whom the book is primarily designed. As minor criticisms, the danger of transference through "fomites" perhaps receives greater emphasis than modern experience now justifies. Unfortunately, "ptomaine poisoning" is used without stating that this term is a misnomer; and the section dealing with food infections is somewhat brief in comparison with similarly important problems. But the book as a whole seems well balanced.

The third section on modern methods of rural sanitation, appeals to the reviewer as the most valuable portion of the book. A section on the prevention of occupational diseases is also of practical value to inspectors and concludes this useful volume, which should prove helpful to many health officers, public health nurses and sanitary inspectors.

IRA V. HISCOCK.

New Haven, Conn.

BOOKS RECEIVED

MENTAL HYGIENE OF NORMAL CHILDHOOD. A series of eight lectures delivered in Buffalo, N. Y., January and February, 1927, by Abraham Myerson, Ernest R. Groves, Douglas A. Thom, Ralph P. Truitt, Frankwood E. Williams, Esther L. Richards, William H. Burnham, Arthur H. Ruggles.

GROUP CLINICS. A study of organized medical practice. By Walter C. Klotz, M.D. 32 pages. Published by the Committee on Dispensary Development of the United Hospital Fund of New York, March, 1927.

HEALTH SERVICES IN CLINICS. By Anna Mann Richardson, M.D. Illustrated. 83 pages. Published by the Committee on Dispensary Development of the United Hospital Fund of New York, March, 1927.

A SYNOPSIS OF PHYSIOLOGY. By A. Rendle Short, M.D., F. R. C. S. and C. I. Ham, M.B., M. R. C. S. 258 pages. Illustrated. William Wood and Company, New York. Price, $3.50.

HANDBOOK FOR THE MEDICAL SOLDIER. By Arnold Dwight Tuttle, Major, Medical Corps, U. S. Army. 691 pages. Illustrated. William Wood and Company, New York. Price, $5.00.

Some Other Books Worth Reading

By Isabel Ely Lord

BIOGRAPHY has surprised all the publishers by coming to the fore in the last few years, and appearing with frequency among the best sellers. "Really truly" stories appeal to everyone, and when biography is well written it is often more absorbing than a novel. Among recent biographies there is one that is as exciting as any book of adventure. Indeed a score of such books could easily be written from the incidents of the life of "Captain John Smith," now told by E. Keble Chatterton. Those who think only of that stout soldier and sailor as he was rescued by Pocahontas will find the book full of other thrilling escapes, and of boundless courage and ingenuity. The telling is so condensed that one needs to dream a little over all that must have happened while he was a slave, or escaping through the desert, or being carried back sore wounded to his beloved Jamestown, and all the rest. No review could begin to tell of all the adventures held within these covers.

Another American biography is almost as romantic and thrilling, though its hero is one not so often thought of as a romantic figure. In "Andrew Jackson: an Epic in Homespun," Gerald W. Johnson tells the story of the man people are said still to vote for, for president, down in the Southern mountains, the man who broke the tradition of the "scholar and gentleman" as the only possible president for these United States. His faults as well as his virtues are set forth in vigorous prose, but few will count the former heavily against him after reading of his life, his ideals, his incredible efforts to serve the country he loved so well. Don't miss it; it is so essentially American.

And here is another full of romance and adventure—"Annie Oakley, Woman at Arms," by Courtney Riley Cooper. "Little Sure Shot" was a wonderful woman, as well as a phenomenal shooter, and well worth reading about. The author is not a literary man, and sometimes the English is amusing, but his love and admiration for his friend carry over to the reader admirably.

In diary form, Zephine Humphrey gives us in "Winterwise" the story of a winter in the real country—a delightful book. All through runs the problem of finding a sense of detachment from the busy troubling of the world—peace, "recollection." It is especially recommended to lovers of cats, as it tells tales of many, with understanding and love.

Those who read C. E. Montague's "Rough Justice" will seize eagerly his new novel "Right Off the Map." It is a story of war in an imaginary country, sometime about now. It is full of the ironies of the making and waging of war, and of the nobility of some who fight—a sad book, and one to induce many reflections on war versus peace.

Chatterton, E. K. Captain John Smith. Harper, $4.
Cooper, C. R. Annie Oakley. Duffield, $2.50.
Humphrey, Zephine. Winterwise. Dutton, $2.50.
Johnson, G. W. Andrew Jackson. Minton, $3.50.
Montague, C. E. Right Off the Map. Doubleday, Page, $2.50.

Three Good Recent Detective Stories

Chesterton, G. K. The Secret of Father Brown. (Short stories.) Harper, $2.50.
Farjeon, J. J. The House of Disappearance. Dial Press, $2.
Fielding, A. The Clifford Affair. Knopf, $2.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

PROBLEM II

WHY is it so often true that the training of the student nurse in the classroom is so readily annulled by word or action of the graduate nurse, either as a supervisor, a head nurse or one on special duty in the hospital, or by the staff doctor who is not in sympathy with "so much classwork"?

Discussion.—An instructor in a school of nursing may have had special preparation; may be a good type of leader; may be liked by the students; recognized by them as having their welfare at heart; and she holds their respect. She painstakingly goes over and over the line of procedure in definite pieces of technic; gives the reasons why it should be done as shown; stands over the student with endless patience until she knows that the student knows how to do it intelligently. Within a few days, in the follow-up supervision, the instructor finds the student nurse giving a bath with a sheet covering the patient; it is damp and cold and there are other marks of non-scientific preparation and skill. This technic is not all of her own initiative, for the special duty nurse has "queered" the technic as taught her by shrugging her shoulders and disdainfully saying: "That's all nonsense. You'll get all over that when you are a graduate; this is a much simpler way." The student says "Eventually, why not now?" and proceeds in the simpler way. The disloyalty of the graduate nurse to the responsibility of encouraging improved methods of nursing technic being taught and continuously holding up standards and ideals, is one of the sources of discouragement in teaching of student nurses.

Turn to the picture of the student nurse who has been carefully taught the mysteries of correct procedure in giving hypodermic injections. She is preparing her third or fourth hypodermic for a patient and a member of the medical staff (who was one of its first members, years ago) stands by and watches her. He does not sense her timidity, her sensitiveness, her anxiety to do it right; he has no sympathy with the problem of giving numbers of hypodermics daily, as against his giving one, once in two weeks, perhaps, but smiles patronizingly and says: "See here—that is all foolishness. Here is the way I do that stunt," and with no care for asepsis of the instrument or the patient, proceeds to "train" that student as she should be "trained."

In both instances the student's ideals are broken; her efficiency in nursing procedure is broken; her faith in her instructor is broken. If she ever rebounds, it is because she really has elements of being a scholar in her make-up; she has, or develops, a human social outlook, which eventually wins over such mischievousness and balances her common-sense. But what a waste and at what a price! Such instances as these are multiplied daily in the 1803 hospitals that are on the list of hospitals approved by the American College of Surgeons, in addition to those which have failed to make that grade. This makes the problem a huge one, in the building of character in these young women. The instructor is powerless. The superintendent of nurses is, most often, unaware of the offense and of the offender but she knows that results are not forthcoming in proportion to the time, effort and required adjustments put into the teaching problem. In solving this problem the graduate nurse on duty, when there are students, can do much by her loyalty to the instructor and superintendent of nurses. If she does not understand why the technic taught is different than when she was a student nurse, she can easily find out from the instructor or the superintendent of nurses. If she realizes the difference in technic, she may have allowed herself to fall into bad habits and takes this way of excusing herself.

The way for correcting "foolish" technic is not with the student nurse, but with those who taught her and by coöperation, which is fifty per cent on both sides and not 100 per cent on one, a standard technic could be worked out to meet the needs of that particular place and would be welcomed by the instructors. Thus, the question is still on, how, in spite of human and mechanical drags, to really educate a woman, as a nurse, having her as an output of a school, meet the needs of the sick, of the physically and mentally handicapped, be a teacher in preventive measures against disease and retain enthusiasm and a keen desire for continuously making herself a bigger and better nurse as an inspiration for others.

MARY C. WHEELER.

International Council of Nurses.—Sec., Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—Pres., Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y. Sally Johnson, Boston; Stella Goostray, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C. Editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19, Mass. Headquarters Sec., Janet M. Geister, 370 Seventh Ave., New York. Sections: **Private Duty,** Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. **Mental Hygiene,** Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation,** Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. **Government Nursing Service Section,** Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. **Relief Fund Committee,** Chairman, Mrs. Janette F. Peterson, 680 South Marengo Ave., Pasadena, Cal. **Revision Committee,** Chairman, Dora M. Cornelisen, 148 Summit Ave., St. Paul, Minn.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. Pres., Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treas., Marian Rottman, Bellevue Hospital, New York. Ex. Sec., Blanche Pfefferkorn, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—Pres., Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Sec., Katharine DeWitt, 19 W. Main St., Rochester, N. Y.

New England Division, American Nurses' Association.—Pres., Sally Johnson, Massachusetts General Hospital, Boston, Mass. Sec., Mary Alice McMahon, Boston State Hospital, Boston, 24, Mass.

Middle Atlantic Division.—Pres., Jessie Turnbull, Elizabeth Steele Magee Hospital, Pittsburgh, Pa. Sec., Gertrude Bowling, Visiting Nurse Association, Washington, D. C.

Mid-West Division.—Pres., Adda Eldredge, State Board of Health, Madison, Wis. Sec., Mrs. Alma H. Scott, 309 State House, Indianapolis, Ind.

Northwestern Division.—Pres., E. Augusta Ariss, Deaconess Hospital, Great Falls, Mont. Sec., Floss Kerlee, State Hospital, Warm Springs, Mont.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Field Director of Nurses, Elinor D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

Alabama.—Pres., Annie M. Beddow, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham. Pres., examining board, Helen MacLean, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham.

Arizona.—Pres., Mrs. Vera Thomas, 1601 North Stone Ave., Tucson. Sec., Mrs. Bertha Easton, 543 W. Moreland Ave., Phoenix. Pres. examining board, Kathryn G. Hutchinson, Tombstone. Sec.-treas., Catherine O. Beagin, Box 2488, Prescott.

Arkansas.—Pres., Mrs. M. Ward Falconer, 1012 W. Fourth St., Little Rock. Sec., Blanche Tomaszewska, 1004 W. 24th St., Pine Bluff. Pres. examining board, Walter G. Eberle, M.D., First National Bank Bldg., Fort Smith. Sec.-treas., Ruth Riley, Fayetteville.

California.—Pres., Anne A. Williamson, 2028 Primrose Ave., S. Pasadena. Sec., Mrs. J. H. Taylor, 743 Call Bldg., San Francisco. State League Pres., Daisy Dean Urch,

Highland Hospital, Oakland. Sec., Helen F. Hansen, State Building, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jammé, State Building, San Francisco.

Colorado.—Pres., Gertrude Loutzenheiser, Glockner Sanitarium, Colorado Springs. Sec., Ann Dickie Boyd, 1370 Humboldt St., Denver. State League Pres., Laura Elder, St. Luke's Hospital, Denver. Sec., Ruth Colestock, Colorado General Hospital, Denver. Pres. examining board, Eleanor Lafferty, Minnequa Hospital, Pueblo. Sec., Louise Perrin, State House, Denver.

Connecticut.—Pres., Margaret Barrett, 463 Edgewood Ave., New Haven. Sec., Amber L. Forbush, 46 Durham Ave., Middletown. Ex. Sec., Margaret K. Stack, 175 Broad St., Hartford. Pres. examining board, Martha P. Wilkinson, Linden Apartment, Hartford. Sec., Mrs. Winifred A. Hart, 109 Rocton Ave., Bridgeport.

Delaware.—Pres., Amelia Kornbau, Delaware Hospital, Wilmington. Sec., Florence Marvil, 1116 Clayton St., Wilmington. Pres. examining board, Frank L. Pierson, M.D., 1007 Jefferson St., Wilmington. Sec., Mary A. Moran, 1313 Clayton St., Wilmington.

District of Columbia.—Pres., Julia C. Stimson, War Department, Washington. Sec., Annabelle Peterson, 1337 K St., N. W., Washington. District League Pres., Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington. Sec., Anna G. McKeon, Garfield Memorial Hospital, Washington. Pres. examining board, Bertha McAfee, 2611 Adams Mill Rd., Washington. Sec.-treas., Mary K. Carmody, 1337 K St., N. W., Washington.

Florida.—Pres., Mrs. Julia W. Kline, 1207 S.W. 14th Ave., Miami. Sec., Mrs. Bonnie Arrowsmith, 3014 San Nicholas St., Tampa. State League Pres., Anna L. Fetting, Morrell Mem'l Hosp., Lakeland. Sec., Georgia H. Riley, Jackson Mem'l Hosp., Miami. Pres. examining board, Anna L. Fetting, 15 Rhode Ave., St. Augustine. Sec.-treas., Mrs. Louisa B. Benham, Hawthorne.

Georgia.—Pres., Annie Bess Feebeck, Grady Hospital, Atlanta. Sec., Mrs. Alma G. Albrecht, Georgia Infirmary, Savannah. State League Pres., Mrs. Eva S. Tupman, Grady Hospital, Atlanta. Sec., Annie B. Feebeck, Grady Hospital, Atlanta. Pres. examining board, Jessie M. Candlish, 105 Forrest Ave., N. E., Atlanta. Sec.-treas., and Ex. Sec., State Assn., Jane Van De Vrede, 105 Forrest Ave., N. E., Atlanta.

Idaho.—Pres., Helen Smith, St. Luke's Hospital, Boise. Sec., Maime Watts, 510 W. Bannock St., Boise. Department of Law Enforcement, Bureau of Licenses, C. A. Laurenson, Director, State Capitol, Boise.

Illinois.—Pres., Irene R. Stimson, Rockford College, Rockford. Sec., Ella Best, 509 S. Honore St., Chicago. State League Pres., Evelyn Wood, 116 S. Michigan Blvd., Chicago. Sec., Viana B. McCown, 509 S. Honore St., Chicago. Supt. of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana.—Pres., Anna M. Holtman, Lutheran Hospital, Ft. Wayne. Sec., Rosetta Graves, Union Hospital, Terre Haute. Ex. Sec. and educational director, Mrs. Alma H. Scott, 309 State House, Indianapolis. State League Pres., Ethel Carlson, City Hospital, Indianapolis. Sec., Irene Zinkan, St. Vincent's Hospital, Indianapolis. Pres. examining board, Anna M. Holtman, Lutheran Hospital, Ft. Wayne. Sec., Lulu V. Cline, Room 421, State House, Indianapolis.

Iowa.—Pres., Winifred Boston, 306 E. Salem Ave., Indianola. Sec. and Director Nursing Education, Maude E. Sutton, Divn. of Nursing, State Dept. of Health, Des Moines. State League Pres., A. Faith Ankeny, Broadlawns Genl. Hospital, Des Moines. Sec., Sr. Mary Thomas, Mercy Hospital, Burlington. Pres. examining board, Frances G. Hutchinson, 551 Franklin Ave., Council Bluffs. Sec., Marianne Zichy, 213 Masonic Temple, Marshalltown.

Kansas.—Pres., Ethel L. Hastings, Wesley Hospital, Wichita. Sec., Mrs. Elizabeth Dana, Coffeyville. State League Pres., Cora Miller, Newman Memorial Hospital, Emporia. Sec., Mrs. Dorothy Jackson, Newman Hospital, Emporia. Pres. examining board, Ethel L. Hastings, Wesley Hospital, Wichita. Sec.-treas., M. Helena Hailey, Dodge City.

Kentucky.—Pres., Mrs. Myrtle Applegate, 2051 Sherwood Ave., Louisville. Cor. sec., Emma Lou Conway, 610 State St., Southern Heights, Louisville. State League Pres., Flora E. Keen, Thierman Apt. C-1, 416 W. Breckenridge St., Louisville. Sec., Lillian E. Rice, Sts. Mary and Elizabeth Hospital, Louisville. Pres. examining board, Jane A. Hambleton, 922 S. Sixth St., Louisville. Sec., Flora E. Keen, Thierman Apt. C-1, 416 W. Breckenridge St., Louisville.

Louisiana.—Pres., Mrs. Clara C. McDonald, 3020 Toledano St., New Orleans. Sec., Susie Collins, 636 Burdette St., New Orleans. State League Pres., Marion Souza, Charity Hospital, New Orleans. Sec.-treas., Mrs. Anna W. Crebbin, Charity Hospital, New Orleans. Pres. examining board, George S. Brown, M.D., 1112 Pere Marquette Bldg., New Orleans. Sec.-treas., Julie C. Tebo, 1005 Pere Marquette Bldg., New Orleans.

Maine.—Pres., Rachel A. Metcalfe, Lewiston. Sec., Mrs. Theresa R. Anderson, Box 328, Bangor. Pres. examining board, Agnes Nelson, Maine General Hospital, Portland. Sec.-treas., Mrs. Theresa R. Anderson, Box 328, Bangor.

Maryland.—Pres., Jane E. Nash, Church Home and Infirmary, Baltimore. Sec., Sarah F. Martin, 1211 Cathedral St., Baltimore. State League Pres., Annie Creighton, University Hospital, Baltimore. Sec., Frances M. Branley, University Hospital, Baltimore.

Pres. examining board, Helen C. Bartlett, 604 Reservoir St., Baltimore. Sec.-treas., Mary Cary Packard, 1211 Cathedral St., Baltimore.

Massachusetts.—Pres., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19. Cor. sec., Helen Blaisdell, Peter Bent Brigham Hospital, Boston. Pres. State League, Josephine E. Thurlow, Cambridge Hospital, Cambridge. Sec., Margaret Vickery, Broad Oak, Dedham. Pres. examining board, Josephine E. Thurlow, Cambridge Hospital, Cambridge. Sec.,Frank M. Vaughan, M.D., State House, Boston.

Michigan.—Pres., Grace Ross, City Department of Health, Detroit. Cor. sec., Elizabeth Robinson, 308 Abbott Road, East Lansing. Gen. Sec., Mary C. Wheeler, 51 W. Warren Ave., Detroit. State League Pres., Shirley C. Titus, University Hospital, Ann Arbor. Sec., Beatrice Ritter, Memorial Hospital, Owosso. Pres. examining board, Guy Kiefer, M.D., Detroit. Sec., Mrs. Helen de Spelder Moore, 622 State Office Bldg., Lansing.

Minnesota.—Pres., Caroline Rankiellour, 2720 Blaisdell Ave., Minneapolis. Sec., Dora Cornelisen, 148 Summit Ave., St. Paul. State League Pres., Mary E. Gladwin, St. Mary's Hospital, Minneapolis. Sec., Marguerite Younglove, St. Barnabas Hospital, Minneapolis. Pres. examining board, Mrs. Sophie Olson Hein, 219 S. Lexington Ave., St. Paul. Sec., Leila Halverson, Old State Capitol, St. Paul.

Mississippi.—Pres., Rose Keating, Jackson. Sec., Mary D. Osborne, State Board of Health, Jackson. Pres. examining board, H. R. Shands, M.D., Jackson. Sec. Maude E. Varnado, Hattiesburg.

Missouri.—Pres., Anna A. Anderson, Children's Mercy Hospital, Kansas City. Sec., Florence Peterson, 1025 Rialto Bldg., Kansas City. State League Pres., Irma Law, 718 Chemical Bldg., St. Louis. Sec., Carrie A. Benham, 416 S. Kingshighway, St. Louis. Pres. examining board, Mrs. Louise K. Ament, Lutheran Hospital, St. Louis. Sec., Jannett G. Flanagan, 718 Chemical Building, St. Louis.

Montana.—Pres., Frances Vollmer, East Helena. Sec., Mrs. Lily Morris, 17-B Seventh St., Great Falls. Pres. examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Sec.-treas., Frances Friederichs, Box 928, Helena.

Nebraska.—Pres., Florence McCabe, 301 City Hall, Omaha. Sec., Mary E. O'Neill, St. Joseph's Hospital, Omaha. State League Pres., Homer C. Harris, Clarkson Meml. Hospital, Omaha. Sec., Helen Rusk, Methodist Episcopal Hospital, Omaha. Director Nursing Education, Phoebe M. Kandel, Dept. Public Welfare, State House, Lincoln. Bureau of examining board secretary, Lincoln Frost, Department of Public Welfare, State House, Lincoln.

Nevada.—Pres., Mrs. Aurora C. Robinson, 510 S. Virginia St., Reno. Sec., Claire Souchereau, 224 Vine St., Reno. Sec., examining board, Mary E. Evans, 631 West St., Reno.

New Hampshire.—Pres., Elizabeth Murphy, State Board of Education, Concord. Sec., H. Myrtle Flanders, 93 South St., Concord. State League Pres., Rosanna O. Donnoghue, Portsmouth General Hospital, Portsmouth. Sec., Anne Shepard, Women's Memorial Hospital, Concord. Pres. examining board, Mrs. Harriet Kingsford, Mary Hitchcock Hospital, Hanover. Sec., Ednah A. Cameron, 8 N. State St., Concord.

New Jersey.—Pres., Anne E. Rece, Muhlenberg Hospital, Plainfield. Sec., Gertrude M. Watson, Mountainside Hospital, Montclair. Ex. Sec., Arabella R. Creech, 42 Bleecker St., Newark. State League Pres., Jessie M. Murdock, Jersey City Hospital, Jersey City. Sec., Blanche E. Eldon, Mercer Hospital, Trenton. Pres. examining board, Elizabeth J. Higbid, 42 Bleecker St., Newark. Sec.-treas., Mrs. Agnes Keane Fraentzel, 42 Bleecker St., Newark.

New Mexico.—Pres., Mrs. Blanche Montgomery, Monkbridge Manor, Albuquerque. Sec., Mary P. Wight, Park View Court, Albuquerque. Pres. examining board, Sister Mary Lawrence, St. Joseph's Hospital, Albuquerque. Sec.-treas., Ella J. Bartlett, 1601 East Silver St., Albuquerque.

New York.—Pres., Mrs. Genevieve M. Clifford, City Hospital, Ithaca. Sec., Lena A. Kranz, State Hospital, Utica. Ex. Sec., Caroline Garnsey, 370 Seventh Ave., New York. State League Pres., Helen Wood, Strong Memorial Hospital, Rochester. Sec., Marion Durell, City Hospital, Welfare Island, New York. Pres. examining board, Sister Immaculata, Convent of Mercy, Rensselaer. Sec., Harriet Bailey, State Education Bldg., Albany.

North Carolina.—Pres., Mary P. Laxton, Biltmore Hospital, Biltmore. Sec., Dorothy Wallace, P. O. Box 91, Asheville. State League chairman, E. A. Kelly, Highsmith Hospital, Fayetteville. Sec., Elizabeth Connelly, Sanatorium. Educational director, Lula West, Martin Memorial Hospital, Mt. Airy. Pres. examining board, E. A. Kelly, Highsmith Hospital, Fayetteville. Sec.-treas. Mrs. Dorothy Hayden Conyers, Box 1307, Greensboro.

North Dakota.—Pres., J. Evelyn Fox, Trinity Hospital, Minot. Cor. Sec., A. Louise Kinney, Fargo. State League Pres., Mildred Isakson, State Sanitarium, San Haven. Sec., J. Evelyn Fox, Trinity Hospital, Minot. Pres. examining board, Josephine Stennes Rugby. Sec., Mildred Clark, General Hospital, Devils Lake.

Ohio.—Pres., V. Lota Lorimer, 11705 Detroit Ave., Lakewood. Sec., Mrs. Lucile Grapes Kinnell, 199 Webster Park, Columbus. Gen. Sec. and State Headquarters, Mrs. E. P. August, Ohio State Savings Bldg., Gay and 3d

Sts., Columbus. Chief Examiner, Caroline V. McKee, 275 S. Fourth St., Columbus. Sec. Dr. H. M. Platter, 275 S. 4th St., Columbus.

Oklahoma.—Pres., Grace Irwin, Clinton. Sec., Marjorie W. Morrison, 1120 N. Hudson St., Oklahoma City. State League Pres., Ethel Hopkins, Methodist Hospital, Guthrie. Sec., Edna E. Powell, City Hospital, Hominy. Pres. examining board, Ethel M. Hopkins, Methodist Hospital, Guthrie. Sec., Mrs. Candice Montfort Lee, Route 4, Oklahoma City.

Oregon.—Pres., Mrs. Ruby Emery Buckle, 646 Marguerite Ave., Portland. Sec., Jane Gavin, Mallory Hotel, Portland. State League Pres., Pauline Knudson, 311 City Hall, Portland. Sec., Mary Campbell, N. Y. Life Ins. Co., Board of Trade Building, Portland. Pres. examining board, Grace Phelps, 616 Lovejoy St., Portland. Sec., Grace L. Taylor, 448 Center St., Salem.

Pennsylvania.—Pres., Helen F. Greaney, 906 Kenilworth Apts., Alden Park, Germantown, Philadelphia. Sec.-treas., Mrs. Adelaide W. Pfromm, 1431 N. 15th St., Philadelphia. Gen. Sec. and State Headquarters, Esther R. Entriken, 815 Mechanics Trust Bldg., Harrisburg. State League Pres., Mary C. Eden, Presbyterian Hospital, Philadelphia. Sec., Anna L. Meier, Presbyterian Hospital, Philadelphia. Pres. examining board, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Sec.-treas., Helene Herrmann, 812 Mechanics Trust Bldg., Harrisburg.

Rhode Island.—Pres., Winifred Fitzpatrick, 118 N. Main St., Providence. Cor. Sec., Edith Barnard, 425 Broadway, Providence. State League Pres., Anna K. McGibbon, Butler Hospital, Providence. Sec., Anna Shaheen, Memorial Hospital, Pawtucket. Pres. examining board, William O. Rice, M.D., Rhode Island Hospital, Providence. Sec.-treas., Evelyn C. Mulrenan, St. Joseph's Hospital, Providence.

South Carolina.—Pres., Marguerite Andell, Roper Hospital, Charleston. Sec., Meyeral Engelberg, Roper Hospital, Charleston. Sec. board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—Pres., Carrie E. Clift, 1205 West Blvd., Rapid City. Cor. Sec., Margaret Hoover, 115 Fourth St., N. E., Watertown. Pres. examining board, Bothilda U. Olson, 510 N. 4th Ave., Mitchell. Sec.-treas., Mrs. Elizabeth Dryborough, Rapid City.

Tennessee.—Pres., Mrs. Corinne B. Hunn, Oakville Sanatorium, Oakville. Sec., Katheryn Flynn, 517 Locust St., Knoxville. Pres. examining board, B. V. Howard, M. D., Knoxville. Sec.-treas., Canie Hawkins, 903 Walker Ave., Memphis.

Texas.—Pres., E. L. Brient, P. and S. Hospital, San Antonio. Sec.-treas., A. Louise Dietrich, 1001 E. Nevada St., El Paso. State League Pres., Mrs. Robert Jolly, Baptist Hospital, Houston. Sec., Mary Kennedy, Harris County Red Cross Nursing Service, Houston. Pres. examining board, Ruby Buchan, King's Daughters' Hospital, Temple. Sec., Mary Grigsby, 1305 Amicable Bldg., Waco.

Utah.—Pres., Laura Willes, Holy Cross Hosp., Salt Lake City. Sec., Laura Heist, 183 Kimball Apts., N. Main St., Salt Lake City. Department of Registration, Capitol Bldg., Salt Lake City.

Vermont.—Pres., Lillie Young, Brattleboro. Sec., Helen B. Wood, Proctor Hospital, Proctor. Pres. examining board, Dr. T. S. Brown, Mary Fletcher Hospital, Burlington. Sec., Hattie E. Douglas, West Rutland.

Virginia.—Pres., Martha V. Baylor, Roanoke Hospital, Roanoke. Sec., Lillie W. Walker, Memorial Hospital, Danville. Pres. examining board, L. L. Odom, Sarah Leigh Hospital, Norfolk. Sec.-treas., and Inspector of Training Schools, Ethel M. Smith, Craigsville.

Washington.—Pres., Carolyn Davis, Minor Hospital, Seattle. Sec., Cora E. Gillespie, Room 4, Y. W. C. A., Seattle. State League Pres., Catherine E. Jones, Seattle Genl. Hospital, Seattle. Sec., Henrietta Adams, General Hospital, Everett. Chairman Committee Nurse Examiners, Katherine Major, 2535 34th Ave., S., Seattle. Sec., May Mead, State Normal School, Bellingham.

West Virginia.—Pres., Luella L. Ross, 107 Eighth St., Wheeling (Warwood). Sec., W. Louise Kochert, 10 Pleasant St., Mannington. Pres. examining board, Frank LeMoyne Hupp, M.D., Wheeling. Sec., Mrs. Andrew Wilson, 1300 Byron St., Wheeling.

Wisconsin.—Pres., Grace Crafts, Madison Genl. Hospital, Madison. Sec., Mrs. C. D. Partridge, 527 Layton Ave., Cudahy. State League Pres., Stella Ackley, Milwaukee County Hospital, Wauwatosa. Sec., Gail Fauerbach, Milwaukee Vocational School, Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—Pres., Grace Williams, Wyoming Tuberculosis Hospital, Basin. Sec., Mrs. Reba C. Parnell, 711 West 28th St., Cheyenne. Pres. examining board, Mrs. Agnes Donovan, Sheridan. Sec., Mrs. H. C. Olsen, 3122 Warren Ave., Cheyenne.

Territorial Associations

Hawaii.—Pres., Albertina Sinclair, Leahi Home, Honolulu. Sec., Janet M. Dewar, Children's Hospital, Honolulu.

Porto Rico.—Pres., Mrs. Erudina A. Crespo, Box 362, San Juan. Exec. Sec., Margarita D. Rivera, Box 362, San Juan.